



## Employment Application

### Applicant Information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apt/Unit #*

\_\_\_\_\_

*City State Zip Code*

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date Available: \_\_\_\_\_

Type of employment desired (circle):      full time/part time/seasonal

Hours of work (per week) desired: \_\_\_\_\_

	Yes	No
Are you 18 or older?	<input type="checkbox"/>	<input type="checkbox"/>
Are you eligible to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for the Town of Wellington?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable to the position applied for, please list your valid driver's license number and the state in which it was issued.

Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Do you have a Commercial Driver's License?  Yes  No

If YES, indicate the class: \_\_\_\_\_

### Education

Education	Name and Location	Did you Graduate?	Degree, Diploma, Certificate Earned or # of years completed	Major/Minor
High School				
College University				
Graduate or Professional School				
Technical Institutes, Internship, Other				

### Professional Licenses and Certifications

List fields of work for which you have been registered, licensed, or certified:

Trade or profession: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Trade or profession: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Other: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Are you currently serving in the Armed Forces?  Yes  No

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Responsibilities:

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Responsibilities:

Reason for Leaving: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this supervisor?  Yes  No

Responsibilities:

Reason for Leaving: \_\_\_\_\_

## References

Please list three professional references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.*

*I understand that the Town of Wellington may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.*

*I understand that the Town of Wellington may as part of the hiring process request an investigative consumer report from a third-party entity or agency including information concerning my character, general reputation, personal characteristics, credit records, and mode of living. I may make a written request to the Town of Wellington to provide me with additional information regarding the nature and scope of any such report.*

*I understand that employment with the Town of Wellington is "at will" and nothing in the interview or hiring process, this application, or the Town of Wellington policies are intended to create an employment contract between myself and the Town. Employment may be terminated by either party at any time, for any reason, with or without notice.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_