

# TOWN OF ROACHDALE

## Employment Application

**PLEASE FILL OUT COMPLETELY, TYPED OR IN BLACK INK.**

### APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Can you work overtime		Desired Salary	
		_____ Yes _____ No			
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

If yes, please explain in detail, on a separate sheet of paper and attach it to the application.

### EDUCATION

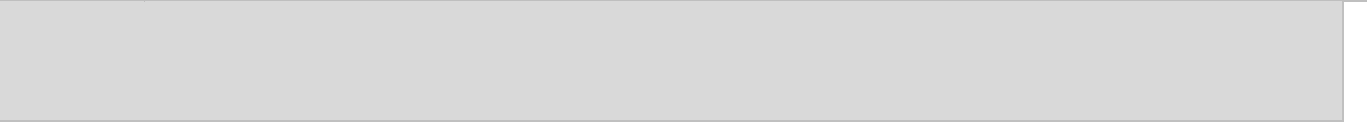
High School		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other		Address	
From	To	Did you graduate?	Degree
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

**Attach any certificates earned and/or a list of those in progress, and/or any additional training programs not included in your formal education that may be related to the job you are applying for.**

### REFERENCES

*Please list three professional references. It is preferred that they not be related to the applicant.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			



**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	Ending Salary	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

If you have any other current and/or previous employers, please list out all information on a separate sheet of paper and attach with this application.

**DISCLAIMER AND SIGNATURE**

The Town of Roachdale is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three business days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Town may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by the Town of Roachdale and/or any of their agents. This authorization and consent shall be valid in original, fax, copy, email, or PDF form.

All hiring and employment at the Town is at will (this may not apply for certain positions as covered by applicable law). I understand this application is not an employment contract, nor can it be used to create one. Employment by the Town of Roachdale has no specific term and may be terminated by the employee or the Town with or without notice (unless covered by applicable law). I acknowledge that the

Town of Roachdale has not made any promises or representations that differ from those contained in this paragraph.

I release and hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the Town of Roachdale. I agree to released and hold harmless the Town of Roachdale from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the Town may be terminated

Signature

Date

## Applicant Release

Please submit a resume with this employment application if required.

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Town will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by the Town of Roachdale and/or any of their agents. This authorization and consent shall be valid in original, fax, copy, email, or PDF form.

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Applicant's Signature

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Date

*The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.*

**Please print clearly:**

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First Name

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Middle Name

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Last Name

Male

Female

Any other names used: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Issuing State

Home Addresses for the last 7 years, list most current first

Street Address		Apartment/Unit #	
City		State	ZIP

From-To Dates: \_\_\_\_\_

Street Address		Apartment/Unit #	
City		State	ZIP

From-To Dates: \_\_\_\_\_

Street Address		Apartment/Unit #	
City		State	ZIP

From-To Dates: \_\_\_\_\_

Street Address		Apartment/Unit #	
City		State	ZIP

From-To Dates: \_\_\_\_\_

Street Address		Apartment/Unit #	
City		State	ZIP

From-To Dates: \_\_\_\_\_

Street Address		Apartment/Unit #	
City		State	ZIP

From-To Dates: \_\_\_\_\_