



APPLICATION FOR EMPLOYMENT TOWN OF HOBGOOD

WE CONSIDER APPLICANTS FOR VACANT POSITIONS WITHOUT REGARD TO RACE, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS.

IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMODATIONS ARE NECESSARY TO ALLOW THEM TO COMPLETE THE APPLICATION PROCESS.

(PLEASE PRINT)

Position Applied For	Date
How did you learn about the vacancy? (check one)	
Advertisement <input type="checkbox"/>	Friend <input type="checkbox"/> Walk-in <input type="checkbox"/>
Employment agency <input type="checkbox"/>	Relative <input type="checkbox"/> Other <input type="checkbox"/>
Last Name.	First Middle
Address No.	Street City
State	Zip Code
Telephone No.(s) Home: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number
Work: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	State:
Drivers License No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Social Security No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

(Check One)

- If you are under 18 years of age can you provide required proof of your eligibility to work Yes No
- Have you ever filed an application with us before? Yes No
If Yes, Give Date _____
- Have you ever been employed with us before? Yes No
If Yes, Give Date _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No

If you are over 18 years of age, have you registered for military service? Yes No

Are you a citizen of the United States or are you legally allowed to work in The United States?
Proof of citizenship or immigration status will be required upon employment Yes No

Do you have any relative(s) employed by us? Yes No

If Yes, Who and in what department are they employed and what is the relationship?

Have you been convicted of any crime other than a minor traffic violation? Yes No

If yes, please explain:

When would you be available to start work? _____

EDUCATION

	Elementary	High School	Undergraduate	Graduate
School Name and Location				
Years (circle grade) Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma or Degree:				
Describe Course of Study				
Describe any specialized training, apprenticeship skills and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application				

NOTE: Additional information sheets may be attached to this application

List professional, trade, business, or civic activities and offices held

(You may exclude memberships which would reveal sex, religion, national origin, age, ancestry or disability or other protected status)

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

(Check One)

Have you had any job related training in the United States Military? Yes No
If yes, please describe. _____

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you, are not former employers and who have a definite knowledge of your work ability.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last position. Include any job-related military service assignments and volunteer activities. Please account for all time and explain any breaks in employment periods. You may exclude organizations which indicate race, religion, sex, national origin, disability or other protected status.

DETAILED MAY BE ATTACHED.

1. Employer	Address
Dates employed From	To
Job Title	Supervisor
Telephone Number(s) 1.	2. 3.
Starting Salary Per Month	Final Salary Per Month
Work Performed	
Reason for Leaving	

2. Employer	Address
Dates employed From	To
Job Title	Supervisor
Telephone Number(s) 1.	2. 3.
Starting Salary Per Month	Final Salary Per Month
Work Performed	
Reason for Leaving	

3. Employer	Address
Dates employed From	To
Job Title	Supervisor
Telephone Number(s) 1.	2. 3.
Starting Salary Per Month	Final Salary Per Month
Work Performed	
Reason for Leaving	

4. Employer	Address		
Dates employed From	To		
Job Title	Supervisor		
Telephone Number(s)	1.	2.	3.
Starting Salary Per Month	Final Salary Per Month		
Work Performed			
Reason for Leaving			

5. Employer	Address		
Dates employed From	To		
Job Title	Supervisor		
Telephone Number(s)	1.	2.	3.
Starting Salary Per Month	Final Salary Per Month		
Work Performed			
Reason for Leaving			

APPLICANT'S CERTIFICATION

<p>I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to The Town of Hobgood as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Town of Hobgood. Final candidates for full-time positions may be required to take a drug test.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

(All information provided in this application will be kept confidential and is for the use of the Town of Hobgood's personnel department only.)

FOR PERSONNEL DEPARTMENT USE ONLY

(check each employer and Reference contacted)

Previous Employers Contacted? 1. 2. 3. 4. 5.

Personal References Contacted? 1. 2. 3.

Arrange interview? Yes No

Interview Date _____ Time _____

Interview Notes _____

Remarks: _____

Employment Process Results

Applicant Employed? Yes No

Date of Employment _____ Annual Salary _____

Job Title _____ Class Code _____

Department Assignment _____

Authorized by _____
Name and Title Date

VOLUNTARY INFORMATION

(INFORMATION WILL BE USED TO ASSIST IN PLACEMENT ONLY)

DISABILITY: A disability is any impairment which substantially limits a major life function. This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be utilized only to assist in making reasonable accommodations for the performance of the essential functions of the position applied for.

(Please list below any accommodations that you need to enable you to perform the essential functions of this position:

VOLUNTARY INFORMATION

(Information will be used for statistical purposes only)

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The TOWN OF HOBGOOD prohibits discrimination based on race, sex, age, color, creed, religion, national origin, or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Position applied for _____

Date _____

Date of Birth _____ Month Day Year (Check one)	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> (Check one)
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Ethnic Group

1. White (Caucasian, non-Hispanic)
2. Black (African-American)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South America, other Spanish origin regardless of race)
4. Asian (including Pacific Islander)
5. American Indian (including Alaska native)

THE INFORMATION ON THIS PAGE IS FOR TOWN OF HOBGOOD'S USE ONLY AND WILL BE KEPT STRICTLY CONFIDENTIAL. THE INFORMATION (WITHOUT NAMES) WILL BE USED IN THE E.O.E. STATISTICAL FILE.