

Employment Application

The TOWN OF Ekalaka is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information

Name (First, MI, Last) _____ Date _____

Address Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

General Information:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES NO

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) YES NO

If yes, explain _____

Education & Training

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters ____ Doctorate ____

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			
List any scholarships, academic honors, awards or special achievements			

Skills

Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work? Rotating shifts YES NO Saturdays YES NO Sundays YES NO
 Overtime YES NO

Position applying for: _____ Salary Requirements \$ _____ per hour per month

Date you can start ___/___/___

State fully why you believe you are qualified for this position

Employment History

Starting with your PRESENT or MOST RECENT EMPLOYER, list all employment for at least the past **FOUR** employers in consecutive order.

If currently employed, may we contact your employer? YES NO

Full Name of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Full Name of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Employment History (Continued)

Full Name of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Full Name of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

References

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Applicant Affidavit

1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by TOWN OF EKALAKA. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify that I have read, fully understand and accept all terms of the above statements.

SIGNATURE _____ Date _____