



APPLICATION FOR EMPLOYMENT

Please fill out this application to the best of your ability. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability

PERSONAL DATA	DATE: _____
----------------------	--------------------

Name: _____ Social Security No. _____
 (Last) (First) (MI)

Address: _____

Phone #: _____ Are you 18 years or older: Yes _____ No _____

Are you prevented from lawfully becoming employed in the country because of a visa or immigration status? Yes _____ No _____

In case of emergency, notify: _____
 (Name) (Phone)

Names of relatives employed by the Town of Bridgeville: _____

EMPLOYMENT DESIRED	POSITION: _____
---------------------------	------------------------

Wages or Salary desired: \$ _____ per Hr. Wk. Mo. Date you can start: _____

Type of employment: Permanent: ____ Part Time: ____ Temporary: ____

Are you Employed Now? _____ If so, may we contact your present employer? _____

Have you ever worked for the Town of Bridgeville before: Yes _____ No _____

If Yes: When: _____ Department: _____

SPECIAL SKILLS:

List any equipment with which you are proficient and other skills which you possess that are related to the position of which you are applying for. For example, skills with machines or sign language: _____

List current licenses or certificates, if required: _____

SPECIAL SKILLS CONTINUED:

Activities: (Civic, Athletic, Etc.) _____ Drivers License Number: _____

Branch of Service: _____ Date Entered: _____ Date Discharged: _____

EDUCATION:

Highest grade completed: _____ College: _____ Grad School: _____ Other: _____

Do you have a High School Equivalency Certificate (GED)? Yes: ___ No: ___

	Name & Location	Dates Attended Month & Year		Total Credits Earned	Diploma or Degree Received	Major Subject	Minor Subject
		From	To				
High School							
College or University							
Grad. School, (transcript may be Required)							
Other							

The information you provide, in addition to education, will be used to determine if you meet the minimum qualifications, and in some cases placement on the register for the position you are seeking. Give a complete record including part-time work, military service. Please exclude organizations that might indicate race, color, religion, national origin, disability or other protected status.

FORMER EMPLOYERS (List Below Last Four Employers, Starting with Last one First)
--

Date Month and Year	Name, Address, and Phone Number	Salary	Position	Reason for Leaving:
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Give the names of three persons not related to you, whom you have known at least one year			
Name	Phone Number	Association	Years Acquainted

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may be cause for rejection of my application or discharge at any time during my employment. Except as indicated above. I authorize any of my employer's associations or references to give the Town of Bridgeville any information concerning my employment record or character. I understand that if I am hired The Town of Bridgeville shall require verification of identity and eligibility for employment in the United States. This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee. Unless a specific document is executed in writing by the employer and employee, all employment here is At-Will. Just as an employee may resign for any reason, the employer may terminate an employee for any reason.

Signature

Date

To be filled out by Town Hall Official

Interviewed By: _____ Date: _____

Remarks: _____

Neatness: _____ Ability: _____

Hired: Yes No Position: _____ Dept.: _____

Salary/Wage: _____ Date Reporting to Work: _____

Approved: 1 _____ 2 _____

Town Manager

Supervisor



TOWN OF BRIDGEVILLE:

It is the policy of The Town of Bridgeville to assure equal and fair treatment in all aspects of employment for minorities; women, Vietnam era veterans and disabled veterans, people with physical or mental disabilities. All applicants, therefore, are requested to voluntarily provide the following information that is needed to document and assess the effectiveness of The Town of Bridgeville. This information will be detached and kept separately from your application and will not be used as a basis for employment decisions.

Position applied for: _____

How did you find you about this position _____

Date of Birth: _____ Sex: Male _____ Female _____

Race/Ethnicity: American Indian _____ Asian _____ Black _____
Hispanic _____ White _____

Are you Handicapped: No _____ Yes _____ If yes, explain extent of handicap:

