## TOWN OF DOLORES APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR: _		DATE:						
PERSONAL INFORMATI	ON							
Legal name: First	Middle Initial	Last						
Address: Street	City	State Zip code						
Home Telephone:	e: Other Telephone:							
E-mail:	Social Security #: Date of Birth:							
Driver's License #:(If position requires operation of	of a company vehicle)	State:						
Are you legally eligible for emp	loyment in the United Stat	es? ☐ Yes ☐ No						
United States Visa status, if ap	plicable:							
Have you been convicted of a f	felony? □ Yes □	No						
If yes, please explain circumsta	ances:							
Are you at least 18 years old?	□ Yes □ No							
POSITION INFORMATIO	N							
osition(s) applying for: Salary desired: \$								
Employment status desired: □	Full Time ☐ Part Time ☐	Temporary						
What hours are you available to	o work?							
If hired, when could you start?								
How did you hear about this jol	o?							

**EMPLOYMENT HISTORY** (Most recent first)

1. Job Title:	`	,	Dutie	s:	
Employer:					
Dates of Employment (month / yea From:	r)				
Starting Salary:	Ending	Salary:		☐ Full Tir	me 🗆 Part Time 🗀 Temp
Employer's Address:					
Supervisor:		May we contact	:t? □ \	Yes □ No	Phone:
Reason for Leaving:					
2. Job Title:			Dutie	s:	
Employer:					
Dates of Employment (month / yea From: To:	r)				
Starting Salary:	Ending	Salary:		☐ Full Tir	me 🗆 Part Time 🗀 Temp
Employer's Address:					
Supervisor:		May we contact	:t? □ \	Yes □ No	Phone:
Reason for Leaving:					
3. Job Title:			Dutie	s:	
Employer:					
Dates of Employment (month / yea From: To:	r)				
Starting Salary:	Ending	Salary:		☐ Full Tir	me 🗆 Part Time 🗀 Temp
Employer's Address:					
Supervisor:		May we contact	:t? □ \	Yes □ No	Phone:
Reason for Leaving:					
4. Job Title:			Dutie	s:	
Employer:					
Dates of Employment (month / yea From: To:	r)				
Starting Salary:	Ending	Salary:		☐ Full Tir	ne 🗆 Part Time 🗀 Temp
Employer's Address:					_
Supervisor:		May we contact	:t? □ \	Yes □ No	Phone:
Reason for Leaving:					

<b>EDUCATION</b>						
Type of school		Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School						
College / University						
Graduate School						
Tech School						
Other						
Special courses	, trainin	g or experience acquire	d, including m	ilitary exper	ience:	
SKILLS						
Clerical / Office s	skille					
Cleffcal / Office s	SKIIIS	Name of software:				
Computer skills		Traine of software.			□ PC □ Ma	c 🗆 WPM
Languages						
Other special knowledge or sk	ills					
Please describe	any otl	her experience, abilities	or skills that n	night be hel	oful in consid	ering your
application:						
CERTIFICAT	ION 8	AUTHORIZATION				
		statements made in this	annlication ar	e true and c	orract to the	heet of my
knowledge and	belief.	I understand that any mission from	srepresentati	ons or omis	sions of facts	in this
		inquire into my educatio o research my qualificati			t employmer	nt history
		Dolores to obtain any badeems appropriate.	ackground ch	ecks, crimin	al driving his	tory or
understand that	I will be	conform to the rules, reg an employee "at will" a p at any time for any rea	nd either the	company or	I may termin	
I hereby acknow under these con		hat I have read and fully	understand t	he forgoing	and seek em	ployment
Signature of Ap	oplican	t		_ <u></u> Da	 te	
orginatare or A	piicaii	•		Da		