

# TOWN OF DOBSON

## Employment Application



*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status or any other legally protected status.*

APPLICANT INFORMATION										
Last Name				First				M.I.		
Street Address							Apartment/Unit #			
City				State				ZIP		
Phone				E-mail Address						
Drivers License No.				Social Security No.				Date of Birth		
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 felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					

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

REFERENCES										
<i>Please list three professional references.</i>										
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"/>			

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**WHY ARE YOU INTERESTED IN THIS POSITION?**

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**WHY SHOULD THE TOWN OF DOBSON CONSIDER HIRING YOU?**

**DISCLAIMER AND ELECTRONIC SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand that I may be subject to pre-employment drug screening, a criminal background check, and a credit check prior to a full, non-conditional offer of employment being made.

The Town of Dobson is an equal opportunity employer.

If I choose to electronically sign this application, I agree that my electronic signature is the legal equivalent of my manual signature.

Signature

Date