

TOWN OF TAYLORSVILLE APPLICATION FOR EMPLOYMENT

Date of Application	Last Name	First Name	Middle Initial
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Address (Street Number and Name)	City	State / Zip
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Social Security Number	Phone Number	Legal US Resident Yes No	Date of Birth / /
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Have you ever worked for the Town of Taylorsville before? Yes No	If Yes List Dates and Department	Are you related by blood or marriage to any current employee of the Town of Taylorsville? (If yes, give name, relationship to you and dept where employed.)
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Type of work you will accept: Full-Time Part-Time Temporary	Position(s) applying for
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Date You Can Start	Desired Salary	Are you currently employed? Yes No	If yes, may we contact your current employer? (List Supervisor's Name and Phone Number)
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Military Service

Are you currently in the military or a veteran? Yes No	If yes, when did your service begin?	When will / did your service end?	If Applicable, Type of Discharge	List Service Schools attended and / or skills developed in service

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6 7 8

Schools	Name & Location	Dates Attended (year)	Major / Course Work	Type of Degree Received
High School				
College				
Graduate				
Other Education				

Special training programs and seminars you have completed in the last five years (List):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Licenses or Certifications:

Certification: _____ State: _____ No. _____

Certification: _____ State: _____ No. _____

Certification: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (List):

References

Name: _____	Address: _____
Phone # _____	City, State, Zip _____
Name: _____	Address: _____
Phone # _____	City, State, Zip _____
Name: _____	Address: _____
Phone # _____	City, State, Zip _____

Skills				
CHECK the following skills, experiences, etc. which you have:		<input type="checkbox"/> Backhoe, grader, etc. (list) _____ <input type="checkbox"/> Typing (specify WPM) _____ <input type="checkbox"/> Computer Skills _____ <input type="checkbox"/> Other Skills (list) _____		
Valid Drivers Licenses <input type="checkbox"/>				
class A <input type="checkbox"/> class B <input type="checkbox"/> class C <input type="checkbox"/>				
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. If applicable list the offense and how recently you were convicted. It will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Work History				
Current or Last Employer:		Address:		City, State, Zip:
Job Title		Supervisor's Name		Supervisor's Phone Number
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason For Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Full-time Service (yrs/mo)		Part-time Service (yrs/mo)	If Part-time, No of hrs worked per week
Previous Employer:		Address:		City, State, Zip:
Job Title		Supervisor's Name		Supervisor's Phone Number
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason For Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Full-time Service (yrs/mo)		Part-time Service (yrs/mo)	If Part-time, No of hrs worked per week
Previous Employer:		Address:		City, State, Zip:
Job Title		Supervisor's Name		Supervisor's Phone Number
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason For Leaving	May We Contact Employer? Yes No
Date Separated (mo/yr)	Full-time Service (yrs/mo)		Part-time Service (yrs/mo)	If Part-time, No of hrs worked per week

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registrations, and licensing boards, and others to furnish whatever details are available concerning my qualifications. I authorize investigation of all statements made in this application and understand that fals information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed and (or) criminal action. I further understand that dismissal upon employment will be mandatory if fraudulent disclosures are given to meet position qualifications.

I further understand that the completion of this application does not assure me a position with the Town of Taylorsville and does not obligate the Town of Taylorsville to me in any way. I further understand that when and if I am employed, I will be on probation for six (6) months, twelve (12) months for police officer: I also acknowledge that employment with the Town of Taylorsville is "At-Will" and that the Town of Taylorsville reserves the right to terminate the employment relationship for any reason, with or without cause

I, _____, give full consent for the Town of Taylorsville to perform a pre-employment criminal background check as well as consent to comply with the Town of Taylorsville's pre-employment drug screening process as specified by the Town of Taylorsville Personnel Policy.

Signature of Applicant (Unsigned Applications Will Not Be Processed) _____
Date

The Town of Taylorsville is an affirmative action/equal opportunity employer and prohibits discrimination based on race, sex, color, creed, national origin, age or handicap unless a bonafide occupational qualification exists.