

Town of Genesee
Application for Employment

Date: _____

Name: _____ Soc. Sec. # _____
 (Last) (First) (MI)

Present Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Driver's License#: _____
Emergency phone: _____ State Driver's License issued: _____ (ex: WI, MN)
Cell Phone: _____

Position applying for: _____
Full Time ___ Part Time ___ Either ___ Seasonal ___

When can you start: _____ Referral Source: _____

Wages Expected: \$ _____ per _____ would you accept another position? Yes ___ No ___

Are you over the age of 18 years?	Yes	No
If under 18, do you have a work permit?	Yes	No
Are you legally authorized to work in the U.S.?	Yes	No
Have you previously been employed by the Town?	Yes	No
If yes, from _____ to _____ . Position _____		

If you have any relatives working for the Town, please list them.

Name: _____ Relationship: _____

Have you ever been convicted of a felony or misdemeanor regardless of the violation or penalty imposed?
Yes No

The term conviction includes but is not limited to, the payment of fines and pleas of no contest. If "yes", you must provide dates and details below.

Do you have any pending arrest charges against you? Yes No
If "yes", you must provide the date and details of the type of crime, including the penalty imposed (if applicable) below.

Have you ever been a defendant in a civil action for intentional tort? Yes No
If "yes", provide the nature of the action and its outcome.

Date(s) and Details: _____

Failure to fully and truthfully respond to this section will result in the denial of employment. The above actions are not absolute bars to employment and will be considered in the hiring process only if there is a substantial relationship to the circumstances of the particular job or if bondability is required for the employee.

EDUCATION & TRAINING

School Name & Location	Number of years completed	Degree & Major Course of Study	Diploma/degree?
High School			
Business or Technical			
College			

ADDITIONAL SKILLS/TRAINING/EXPERIENCE

Truck Repair Chain Saw Inspection Electrical Motorized Equipment
 Trailer Repair Lift Truck Loading/Unloading Computers Snow Plowing

List specific certifications/training you have received: _____

List additional job-related skills or qualifications: _____

EMPLOYMENT RECORD: Please list names and addresses of your most recent employers.

Employer: Most Recent Position First	Employed	Work Performed
Company Name Job Title FT PT Seasonal Supervisor's Name and Phone #: Reason for leaving:	From: To: Starting Pay: Final Pay:	
Company Name Job Title FT PT Seasonal Supervisor's Name and Phone #: Reason for leaving:	From: To: Starting Pay: Final Pay:	
Company Name Job Title FT PT Seasonal Supervisor's Name and Phone #: Reason for leaving:	From: To: Starting Pay: Final Pay:	

If you are currently employed, may we contact your employer? Yes No