

Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

**Town of
Magnolia Springs**

**APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE ALL PAGES DATE _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref. _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School | | | | |
| College | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
|--|----------------------------|--------------------------------|---------------------------------|
| Your last job title | | | |

Reason for leaving (be specific) _____ May we contact this employer _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates From To | Pay or salary Start Final |
|--|----------------------------|--------------------------------|---------------------------------|
| Your Last Job Title | | | |

Reason for leaving (be specific) _____ May we contact this employer _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific) May we contact this employer _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

| | | | |
|--|-------------------------|------------------|----------------|
| Name of employer Address City, State, Zip Code Phone number | Name of last supervisor | Employment dates | Pay or salary |
| | | From To | Start Final |
| | Your last job title | | |

Reason for leaving (be specific) May we contact this employer _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

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POST EMPLOYMENT INFORMATION FORM

Full name of spouse _____ Occupation _____
Name of company _____ Telephone () _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____
Address _____ Relationship _____

FOR INSURANCE PURPOSES, ONLY: LIST ALL DEPENDENTS

| NAME | RELATIONSHIP | BIRTH DATE | SSN |
|------|--------------|------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

TO BE COMPLETED
BY EMPLOYER

Date of employment _____ Job title _____ Dept. _____
Location _____ Rate of pay _____ Full-time Part-time Salaried
Applicant's signature acknowledging above information _____
Drug test confirmation number _____
Name of person verifying information _____
Name of person authorizing employment _____

The Town of Magnolia Springs is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the town depends solely on your qualifications.