

## **Employment Application**

Last Name		_ First Name		M.I.	
Street Address					
City/State/Zip					
Email Address Preferred			Contact Number (	)	
If an offer of employment is ma under federal law? (Note: If you are hired, you mus U.S.)	•		☐ Yes	□ N	lo
Type of work desired					
Other positions for which you be	elieve you may bo	e qualified			
Date available					
High School, Trade, Business school or College Attended	No. of Yrs/Grades Completed	Degrees Earned or Expected	Major Courses of Study  GPA/Major		
Employer Job title/work description		escription	Dates employed	Why did you leave?	
May we contact your previous employer(s) as a			☐ Yes	□ No	
reference? May we contact your reference?	☐ Yes	□ No			

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Are you a veteran of the U.S. military service?  \( \square\) Yes \( \square\) No
If so, indicate branch Dates
Military training and experience relevant to job applied for:
Other Skills/Training. Describe your skills, experience, certifications or other training that are relevan to the job sought (including membership in any trade organizations or professional societies).
PROFESSIONAL REFERENCES (Include name; phone number/email address; title/employer.)
ANY ADDITIONAL INFORMATION
Is a resume attached? □ Yes □ No
CERTIFICATION BY APPLICANT (Read carefully before signing.) All information provided by me is true and correct to the best of my knowledge. I understand omissions or misrepresentations may be cause for rejection or, if employed, may be just cause for dismissal. I hereby authorize any former employer, person, firm, corporation or educational institution listed herein including this municipality to answer any and all questions and provide documents and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I understand this is a preliminary application and not a contract to employ me. Furthermore, in the event I am hired, my employment shall be completely voluntary and may be terminated at will at any time for any non-discriminatory reason upon notice by either myself or the municipality. I agree to comply with all reasonable rules of the municipality as a condition of employment.
Applicant's Signature: Date

The Town of Castleton is an equal opportunity employer. It is the policy of this municipality to provide equal employment opportunity to all applicants and employees without regard to race, color, religion, sex, national origin, ancestry, place of birth, age, marital status, pregnancy status, genetic information, physical or mental condition, HIV status, veteran status, sexual orientation, gender identity, or other category protected by state or federal law. No question is asked on this application or during the application process for the purpose of excluding any applicant due to the aforementioned protected categories or other category protected by state or federal law.

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## Authorization to Release Information

,	/
Full Name	Date of Birth
•	al records concerning myself to the Town of atracted personnel of the Town of Castleton are commencement of work.
Signature	Date