Town of Wentworth Employment Application

The Town of Wentworth is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

City Social Se	ecurity Numbe	State	Zip Code
Social S	ecurity Numbe		
		r lodays	Date
which we	may contaci y	วน	
-7 Yes	No	¥	
f a crime?	Yes	<u>No</u>	
	r		
of Wentwo	orth? Please cii	rcle the number	r of the most approp
	Ä.	5	6
oloyee	Adver-	No	Other:
	fisement ?	Referral; Walk-In	
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<u>;</u> ?			
(? Yes	of Wentworth? Please cu	

Could you work overtime? Yes

What date could you start work?					
Could you travel if required by this p	osition?	Yes _	% of Tim	ē	No
Education					
High School School Name:		_	_		
City and State:		9			
Degree or # of Years Completed:				-	
Major or Subject:	3				
Grade Point Average:					
College School Name:				P	
City and State:				.	
Degree or # of Years Completed:					
Major or Subject:		*	_	<i>y</i>	
Grade Point Average:					
College School Name:					
City and State:					
Degree or # of Years Completed:					
Major or Subject:					
Grade Point Average:		Ť			
List any certificates earned or in progress, in your formal education.	and/or an	y addition	al training	programs	not included

Previous Employment	¥		
List your current or most recent en volunteer work.	ployment first. Ir	nclude work relate	ed internships, military a
Current Employer:			
City and State:			
Telephone Number:			
Supervisor's Name and Title:			
Position Title:			
Reason for Leaving:			
Salary: per Ho	ır Week Moı	th Year (circle	one)
Dates of Employment: From:	To:		· · ·
May We Contact Your Employer:	Yes No		
Previous Employer:	is.		
lity and State:			_
elephone Number:			
upervisor's Name and Title:			
osition Title:			4
eason for Leaving:			-
lary: per Hour	Week Month	Year (circle on	e)

Previous Employer:	
City and State:	
Telephone Number:	
Supervisor's Name and Title:	
Position Title:	
Reason for Leaving:	
Salary: per Hour Week Month Year (circle one)	
Dates of Employment: From: To:	
May We Contact Your Employer: Yes No	
Professional References	
Name Title Company Phone Profession Relations	hip
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Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the town may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Town of Wentworth and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

All hiring and employment at Town of Wentworth is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Town of Wentworth has no specific term and may be terminated by the employee or Town of Wentworth with or without notice. I acknowledge that Town of Wentworth has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Town of Wentworth, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Town of Wentworth I agree to release and hold harmless Town of Wentworth from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Town of Wentworth may be terminated.

Date

Applicant Release

Please submit a resume with this Employment Application.

Town of Wentworth

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the town will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Town of Wentworth and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature	Date
The following information is required by law identification purposes when checking records other purpose:	enforcement agencies and other entities for s. It is confidential and will not be used for any
Please Print Clearly:	
Print Full Name:	Sex: Male Female
Print other names you have used:	Dates used:
Date of Birth (mm/dd/yy):	Social Security #:
Current Drivers License #:	Issuing State:
Other Drivers License #s:list last 7 years only)	Issuing State:

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Zip:	County: _		
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