

# LEVAN TOWN

## APPLICATION FOR CEMETERY EMPLOYMENT

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

*All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions fully and accurately, failure to do so may delay your consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "NA" or Not Applicable. You must sign and date this application. You may attach your resume to the back of this application.*

*(Use typewriter or print clearly in black ink)*

### POSITION:

1. Title or type of position: **Cemetery Caretaker for Levan Town**
2. Type of employment acceptable:  full-time  part-time  temporary
3. Salary for this position is \$ \_\_\_\_\_ per month

### PERSONAL INFORMATION:

4. Name: \_\_\_\_\_  
(First) (Middle initial) (Last)

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Other Phone: (specify) \_\_\_\_\_

5. Are you at least 16 years of age?  Yes  No
6. Are you a citizen of the U.S. or are you a lawfully immigrated alien who is legally eligible to work?  
 Yes  No
7. Have you been convicted of a felony within the last 10 years?  Yes  No

If yes, explain: \_\_\_\_\_  
*\*Please note: A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

8. Do you have any physical, mental or medical impairment that would prevent you from performing the essential functions of the job you are applying for?  Yes  No

If yes, explain: \_\_\_\_\_  
*\*Please note: Levan Town will make reasonable accommodation for qualified handicapped individuals as required by law.*

9. Do you have a valid Driver's License?  Yes  No Number \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)  Yes  No Number \_\_\_\_\_

Experience: Begin with your present or most recent job and describe all periods of employment, such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other  
employment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other  
employment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other  
employment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other  
employment: \_\_\_\_\_  
\_\_\_\_\_



**SKILLS AND ABILITIES**

**Clerical Skills** (required for clerical positions only)

Mark your current skills and abilities (subject to verification by examination)

- Type: \_\_\_\_\_ wpm                       Ten-key adder                       Transcribing machine  
 Shorthand: \_\_\_\_\_ wpm                       Computer terminal                       Other: \_\_\_\_\_

Mark the job tasks in which you have experience and ability:

- Acting as receptionist and answering phones                       Computing with numbers  
 Composing correspondence, preparing reports                       Typing tables or graphs  
 Filing, sorting, arranging documents                       Typing from transcribing machine

**Operator Skills** (required for operator positions only)

Mark the equipment and machinery you can operate (your skills may be tested)

- Asphalt roller                       Diesel truck                       Grader  
 Asphalt lay down                       Multi-speed trans                       Trencher  
 Asphalt cutter                       Automatic trans                       High-pressure sewer clean  
 Bucket truck                       Backhoe                       Rodder  
 Pickup (Standard trans)                       Front-end loader                       Water Pumps  
 10-wheel dump truck                       Street sweeper                       Tapping machine  
 Snow plow                       Welder                       Other: \_\_\_\_\_

**EDUCATION**

Have you graduated from high school or completed a GED or equivalent?  Yes  No

Name and location of high school: \_\_\_\_\_

If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

College, Business or Technical College Name/Location	Dates Attended	Official Major and area of emphasis	Credit Hours completed	Date Graduated	Type of degree obtained
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Other Education, trade school, correspondence etc... (Please specify as above)

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**CERTIFICATION**

Levan Town is an Equal Opportunity Employer and provides that employment and promotion shall be based on merit and qualifications, and shall in no way be influenced by race, religion, sex, color, national origin, age or handicap.

Be careful that you have answered all questions on your application correctly and consider all statements fully so that your eligibility can be decided on all the facts. **Sign your name below in ink.**

The information I have given on this application is true and correct to the best of my knowledge. Levan Town is authorized to make investigation to verify the information contained in this application; any misrepresentation or falsification may subject me to disqualification or dismissal.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_