## **LEVAN TOWN**

## APPLICATION FOR EMPLOYMENT

## READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

The information you give will be used to determine your qualifications for employment. 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. **Please attach a resume with references to the back of this application.** 

POSITION	V:					
Type of Pos	sition: LABORER/G	ROUNDSKEEPER/MAI	NTENANCE WO	RKER		
Employment Status: PART-TIME						
PERSONA	L INFORMATION:					
Name:						
	(First)	(Middle Initial)	(Last)			
Address:						
	(Street/P.O. Box)	(City)	(St	ate)	(Zip)	
Phone:		Alternate Phone:				
1. Are you	at least 18 years of age	e? ( ) Yes				
2.Are you a	a citizen of the U.S. or a	re you a lawfully immig	rated alien who	is legall	y eligible to work?	
()	Yes () No					
3.Have you	been convicted of a fe	lony within the last 10 y	years? ()	Yes () N	No	
*Ple		d will not necessarily be a bar of the violation, and rehabilita			9	
4. Do you h	ave any physical, men	tal or medical impairme	ent that would p	revent y	ou from	
performi	ng the essential function	ons of the job you are ap	oplying for?()Y	'es () N	Vo	
	ase note: Levan Town will m	ake reasonable accommodati		ndicapped i	individuals as required	
5. Do you h	nave a valid Driver's Lid	cense?	()Ye ()No	Numbe	er	
6.Do you h	ave a valid Commercia	l Driver's License (CDL)	? () Yes () No	Numbe	er	

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.

Employer:				
Telephone:	To:To			
Complete address:	Last monthly pay: \$			
	Hours per week:			
Your Title:	Supervisors Name and Title:			
Duties:	Reason for leaving or seeking other employment:			
Employer:				
Telephone:	Last monthly navy \$			
Complete address:	Hours per week:			
	 Supervisors Name and Title:			
Your Title: Duties:	employment:			
Employer: Telephone:	Mo. Yr. Mo. Yr.			
Complete address:	Hours per week:			
	Supervisors Name and Title:			
Your Title: Duties:	Reason for leaving or seeking other employment:			

## **SKILLS AND ABILITIES <u>Clerical Skills</u>** (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: ( ) Acing as receptionist and answering phones () Computing with numbers () Composing correspondence, preparing reports () Typing tables or graphs () Typing from transcribing machine () Filing, sorting, arranging documents **Operator Skills** (required for operator positions only) Mark the equipment and machinery you can operate (your skills may be tested) () Diesel truck () Asphalt roller () Grader () Asphalt lay down () Multi-speed trans () Trencher () Asphalt cutter ( ) Automatic trans () High-pressure sewer clean () Bucket truck () Backhoe () Water Pumps () Pickup (Standard trans) () Front-end loader () Tapping machine () Street sweeper () 10-wheel dump truck ( ) Other:\_\_\_\_\_ () Snow plow () Welder **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 Official Major Credit Type of Technical College Dates and area of Hours Date degree Name/Location Attended emphasis completed Graduated obtained Other Education, trade school, correspondence etc... (Please specify as above) 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. The information I have given on this application is true and correct to the best of my knowledge. Levan Town is authorized to make of all prior employment records; and authorize investigation of all statements in this application and/or statements made in the interviewing process.; I understand that misrepresentation or omission of facts or falsification may subject me to disqualification or dismissal. Date:\_\_\_\_\_\_ Signature of Applicant:\_\_\_\_\_