

Town of Center
Application for Employment
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION

DATE: _____

Name: _____
Last First Middle

Address: _____

E-mail: _____

Phone #: _____ Date of Birth: _____

Are you a U.S. Citizen or approved to work in the United States? Yes No

Are you employed now? Yes No If yes, where are you employed? _____

May we contact your present employer? Yes No

Available Start Date: _____

JOB SKILLS /QUALIFICATIONS

Please list below the skills and qualifications you possess for the position for which you are applying.

EDUCATION/TRAINING

TYPE OF SCHOOL	NAME OF SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE EARNED
HIGH SCHOOL			
COLLEGE			
SPECIALIZED TRAINING			

Other training, certifications or licenses held: _____

Do you have a valid driver's license? Yes No Driver's License #: _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Have you ever been convicted of a crime? Yes No

If yes, please explain: _____

PREVIOUS EMPLOYMENT

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

☐ I certify that all answers given herein are true and complete to the best of my knowledge.

☐ I agree to a pre-employment drug screen and background check.

☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date