



APPLICATION FOR EMPLOYMENT

TOWN OF SAVOY-PRE-EMPLOYMENT QUESTIONNAIRE-WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME: _____ ARE YOU 18 YRS OR OLDER: YES ☐ NO ☐
ADDRESS: _____ TELEPHONE: _____
CITY/STATE/ZIP: _____ EMAIL: _____

EMPLOYMENT INFORMATION

HIRING POSITION: _____ AVAILABLE START DATE: _____

CURRENTLY EMPLOYED? YES ☐ NO ☐ MAY WE CONTACT YOUR EMPLOYER? YES ☐ NO ☐

CURRENT EMPLOYER: _____
CONTACT NAME: _____ TELEPHONE: _____
ADDRESS: _____ EMAIL: _____
REASON FOR LEAVING: _____

FORMER EMPLOYER: _____
CONTACT NAME: _____ TELEPHONE: _____
ADDRESS: _____ EMAIL: _____
REASON FOR LEAVING: _____

EDUCATION

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# YEARS ATTENDED	GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE/BUSINESS SCHOOL				

SERVICE RECORD	BRANCH		DISCHARGE DATE	
-----------------------	---------------	--	-----------------------	--

SPECIAL TRAINING	
SPECIAL SKILLS	

REFERENCES PLEASE GIVE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	ADDRESS	BUSINESS	# OF YEARS KNOWN
1			
2			
3			

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? YES ☐ NO ☐
IF YES PLEASE EXPLAIN:

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

SIGNATURE	DATE
-----------	------

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER. IN ACCORDANCE WITH FEDERAL LAW THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY. TO FILE A COMPLAINT OF DISCRIMINATION, WRITE: OFFICE OF CIVIL RIGHTS, 1400 INDEPENDENCE AVE, SW WASHINGTON, DC 20250-9410 OR VOICE CALL: 800-795-3272 TDD: 202-720-6382