

TOWN OF LOOMIS EMPLOYMENT APPLICATION

IMPORTANT: Please complete this application form ONLY if you meet the requirements of the position as described in the job announcement. Applications are subject to disqualification if not signed and completed FULLY. All applications must be submitted by the closing date.

Type or print using black or dark blue ink. This application must be completed in full; include all work experience, training, and education. All statements are subject to verification. If you move, you must notify the Deputy Town Clerk in writing of your new address and phone number. If you have questions regarding how to complete this application form, contact the Deputy Town Clerk.

Position applied for:			Full Time 🗆	Part Time 🗆	Temporary D	Seasonal 🗆
Name	First	Middle	Last	Da	te	
Mailing Addres			Last			
	Stre	eet	City	State	e	Zip
Do you posses	s a valid Driv	ver's License? Yes □ No □				
Issuing State:License Number:			Expiration Date:			

Are you a citizen of the United States or do you have a legal right to work in the United States? (Written proof of	Check the work schedule(s) you will accept. You will be considered only for the schedule(s) selected. Do not		
citizenship or right to work will be required at time of hire.)	check those you are unwilling to accept.		
Yes 🗆 No 🗆	Full Time Part Time Temporary		

Education: (Circle highest grade completed) 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate Work

Schools	Location	Years Attended	Major Subjects	Date Graduated
High School:				
College/University:				
College/Onliversity.				
Other Schools:				

Work Related References: (No relatives)

Name	Phone Number
1.	
2.	
3.	

Employment History: Resumes will not be accepted in place of a completed application form. Please list your most recent employment first. List all experience, including volunteer and military. Additional information may be attached to this application to fully describe related work experience. List as many actual job duties as possible.

Business/Agency Name and Address:	Dates Employed:	Job Title:
	From:	
	То:	Duties:
	Total Years:	
Supervisor's Name	Hours Per Wk:	
Phone Number:		
May we contact this Employer: Yes \Box No \Box		
Business/Agency Name and Address:	Dates Employed:	Job Title:
	From:	
	То:	Duties:
	Total Years:	
Supervisor's Name	Hours Per Wk:	
Phone Number:		
May we contact this Employer: Yes \Box No \Box		
Business/Agency Name and Address:	Dates Employed:	Job Title:
	From:	
	То:	Duties:
	Total Years:	
Supervisor's Name	Hours Per Wk:	
Phone Number:		
May we contact this Employer: Yes No No Business/Agency Name and Address:	Dates Employed:	Job Title:
Busiless/Agency Name and Address.		JOD THE.
	From:	
	То:	Duties:
	Total Years:	
Supervisor's Name	Hours Per Wk:	
Phone Number:		
May we contact this Employer: Yes \Box No \Box		

AGREEMENT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or deliberate omission in my application may be justification for termination or refusal of employment. If required, I agree to undergo a physical examination if a job offer is made and understand that employment is contingent upon meeting the Town's physical requirements. I also authorize employers, schools or persons named in this application to give any information regarding my qualifications and character. I hereby release said employers, schools, persons, and the Town from any liability for damages for receiving or releasing information. I, if requested, agree to be fingerprinted. I further agree to furnish proof of citizenship or right to work.

Signature_____