



# TOWN OF MILTON

An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

In order that your application may be properly evaluated, it is essential that all of the following questions be answered fully and completely.

### PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_  
(If different) \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Job Applied For: \_\_\_\_\_

Department \_\_\_\_\_

### GENERAL INFORMATION

Are you legally eligible for employment in this country?  Yes  No

Have you served in the U.S. Armed Forces?  Yes  No

If Yes, give dates \_\_\_\_\_ Branch \_\_\_\_\_ Duties \_\_\_\_\_

Have you ever been employed here before?  Yes  No

If Yes, give dates and positions held \_\_\_\_\_

Are you available to work:  Full-Time  Part-time  Other \_\_\_\_\_

Are you over 16?  Yes  No

In case of emergency, notify \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

### EXPERIENCE

Clerical: List Office Machines including computers and software you can operate:

Manual: List Licenses you possess (Motor Vehicle Operator, Class A, B, C, D)

Skills and Qualifications – Summarize any special training, skills, licenses and/ or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

# Employment Experience

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Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations names which indicate race, color, religion, sex, sexual orientation, genetics or national origin.

1	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title			
	Supervisor			
Reason for leaving				
2	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title			
	Supervisor			
Reason for leaving				
3	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title			
	Supervisor			
Reason for leaving				
4	Employer	Dates employed		Work Performed
		From	To	
	Address			
	Job Title			
	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

MAY WE CONTACT YOUR PRESENT EMPLOYER?

IMMEDIATELY     AFTER ACCEPTANCE OF EMPLOYMENT     NO

IF NO, GIVE REASON \_\_\_\_\_

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## Education

HIGH SCHOOL	LAST YEAR COMPLETED
COMPLETE ADDRESS	1 2 3 4

GRADUATED  YES  NO MAJOR COURSE

COLLEGE	MAJOR COURSE OF STUDY	LAST YEAR COMPLETED
COMPLETE ADDRESS	1 2 3 4	

GRADUATED  YES  NO DEGREE OR CERTIFICATE RECEIVED

OTHER SCHOOLS OR SPECIALIZED TRAINING	MAJOR COURSE OF STUDY	LAST YEAR COMPLETED
COMPLETE ADDRESS	1 2 3 4	

GRADUATED  YES  NO DEGREE OR CERTIFICATE RECEIVED

SCHOLASTIC HONORS, SCHOLARSHIPS, ETC.

DO YOU INTEND TO CONTINUE YOUR EDUCATION? IF YES, GIVE DETAILS

## REFERENCES

List below the names of (3) persons, not related to you, whom you have known at least one year.

Name	Address & Tel. No	Occupation	Years Known
1. _____			
2. _____			
3. _____			

## AGREEMENT

The information provided in this application for employment is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I consent to have an investigation made as to my character, reputation, and fitness for the position to which I have applied and such information as may be received, reported to the appointing authority. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, court association or institution having control of any documents, and records and other information pertaining to me, including without limitation, employment information, personnel information, disciplinary information, criminal record and information, documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, to furnish to the town of Milton any such information, and to permit the Town of Milton or any of its agents or representatives to inspect and make copies of such documents, records, and other information.

I hereby release, discharge and exonerate the Town of Milton, its agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records and other information or the investigations made by or on behalf of the Town of Milton. I have had explained to me, and I fully understand that refusal to grant this authorization will, not of itself, constitute a basis for rejection of my application.

If I am offered a contingent offer of employment, I agree to take a physical examination, which may include testing for drugs, given by an appointed town physician as required and recognize that any offer of employment may be contingent upon the results of such an examination.

I understand that any employment offer by the Town is conditional upon my ability to establish employment eligibility under the Immigration Reform and Control Act of 1986.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

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