

Town of Evans

Employment Application

Incomplete information could disqualify you from further consideration. Please complete all fields.

			Date	
Last Name	First Name		Middle Initial	
Have you ever worked under a di	fferent name?	□ Yes □ No		
If so, please list other names:				
Street Address		City, State, Zip		
Phone Number		Email Address		
Are you at least 18 years of age o	r older? □ Yes	□ No		
If no, you may be required to pro-				
Are you eligible to work in the U	nited States?	Yes □ No		
Proof of eligibility and identity w				
Education	Degree Rece	ived	Field of Study	
High School	□ Yes Type:			
	□ No			
College	☐ Yes Type:☐ No			
Trade School	☐ Yes Type:			
Trade School	□ I cs Type. □ No			
Other	□ Yes Type:			
	□ No			
Do you have any special skills, exp the position you are applying for?		_	enhance your ability to perform	
Have you ever worked for the Tow	n of Evans? □	Yes □ No If s	o, when?	
Do you know anyone who works f	or the Town of	f Evans? □ Yes □ N	To If so, who?	
Have you ever been terminated or	asked to resign	n by an employer? □ Y	Yes □ No If so, please explain:	



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Most Recent Employer	Start Date		End Date	
Company Name	Phone Number		Supervisor's Name	
Address		City, State, Zip		
Job Duties		1		
Job Title	Reason for Leaving		May we contact this employer? □ Yes □ No	
Previous Employer	Start Date		End Date	
Company Name	Phone Number		Supervisor's Name	
Address	City, State, Zip			
Job Duties				
Job Title	Reason for Leaving		May we contact this employer? □ Yes □ No	
Previous Employer	Start Date		End Date	
Company Name	Phone Number		Supervisor's Name	
Address	•	City, State, Zip		
Job Duties				
Job Title	Reason for Leaving		May we contact this employer? □ Yes □ No	
			specify:	
Please indicate which type of emp	loyment you are	seeking: Full Ti	me □ Part Time □ Seasonal	
Why are you applying for this pos	ition?			
How did you hear about this oppor	rtunity?			
Please list the hours and days you are available to work:				
Are there any specific times you cannot work?				



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References	Phone Number	Company/Relationship	Number of Years Acquainted
Name			
Name			
Name			

Please read carefully before signing.

The Town of Evans (the Town) is an equal opportunity employer. The Town does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, gender, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Town to hire me. If I am hired, I understand that either the Town or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Town has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Town true and complete information on this application. No requested information has been concealed. I authorize the Town to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date:	Signature:

THIS APPLICATION IS RETAINED ON FILE FOR 90 DAYS FROM THE DATE ABOVE.