APPLICATION FOR EMPLOYMENT

It is the policy of the Town of Lake View to provide equal opportunity with regard to all terms and conditions of employment. The Town of Lake View complies with Federal and State laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristics.

Date of Application _____

Name _____ **Home Phone** _____

Date of Birth _____ **SSN** _____

Cell Phone _____ **E-Mail** _____

Address _____

City, State Zip _____

Position Applying For_____

Expected salary range or hourly rate of pay _____

Type of Work Desired (circle all that apply) Full-Time Part-Time Seasonal Temporary

Date Available to Start Work _____

How were you referred to this Company? _____

Have you ever been employed here before? YES NO If yes, please supply dates _____

Is this application a request for re-employment following an extended military leave? YES NO

If you are under 18 years old, can you provide a work permit if required? YES NO

Do you have any pending crimes/charges against you? YES NO If yes, How recent and please explain

_____

Do you certify that you are a US Citizen, permanent resident, or a foreign national with authorization to work in the United States? YES NO
If selected for employment are you willing to submit to a background check? YES NO

If selected for employment are you willing to submit to a drug test? YES NO

Do you have a valid driver's license? YES NO Driver's License # _____ **State** _____

Do you have reliable transportation to and from work for the days you will be scheduled? YES NO

Have you had any accidents during the past three years? YES NO If yes, how many _____

Have you had any moving violations during the past three years? YES NO If yes, how many _____

Please submit a driving record report for the past three years along with your application, this can be obtained at your local DMV or online.

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later date to the extent permitted by law. YES NO

Will you relocate if required? YES NO

Will you travel if required? YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

SKILLS AND QUALIFICATIONS

List any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

_____

Computer Skills (Check appropriate boxes. Include years of experience.)

☐ **Word Processing**	**Years _____**	☐ **E-Mail**	**Years _____**
☐ **Spreadsheet**	**Years _____**	☐ **Internet**	**Years _____**
☐ **Presentation**	**Years _____**	☐ **Other _____**	**Years _____**

REFERENCES

List names and telephone numbers of three business/work references who are not related to you and are not previous Supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	E-Mail	Years Known
Name	**Title**	**Relationship to You**	**Telephone**	**E-Mail**	**Years Known**
Name	**Title**	**Relationship to You**	**Telephone**	**E-Mail**	**Years Known**

EMPLOYMENT EXPERIENCE

Place and "X" by the employer(s) you DO NOT want us to contact. List your most recent employer first.

1. **Employer** _____

   Address _____

   Job Title _____ **Supervisor** _____

   E-Mail _____ **Phone Number** _____

   Dates Employed **START** _____ **END** _____
   Hourly Rate **START** _____ **END** _____
   Work Performed _____
   _____

   Reason for leaving _____
   _____

2. **Employer** _____

   Address _____

   Job Title _____ **Supervisor** _____

   E-Mail _____ **Phone Number** _____

   Dates Employed **START** _____ **END** _____
   Hourly Rate **START** _____ **END** _____
   Work Performed _____
   _____

   Reason for leaving _____
   _____

3. **Employer** _____

   Address _____

   Job Title _____ **Supervisor** _____

   E-Mail _____ **Phone Number** _____

   Dates Employed **START** _____ **END** _____
   Hourly Rate **START** _____ **END** _____
   Work Performed _____
   _____

   Reason for leaving _____
   _____

APPLICANT STATEMENT

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the company. I understand that no company representative, other than its Mayor AND Council, and then only when in writing and signed by the Mayor AND Council, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

APPLICANT SIGNATURE _____ **DATE** _____

APPLICANT: DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

INTERVIEWS:

DATE(s) ***INTERVIEWED BY***

_____

_____

REFERENCE CHECKS:

DATE CONTACTEC ***REFERENCE NAME*** ***CONTACTED BY*** ***NOTES***

_____

_____

TEST RESULTS (Background Check, Driving Record Check, Drug Test, Psych Eval., ect.)*:*

DATE OF TEST ***ADMINISTERED BY*** ***RESULTS*** ***NOTES***

_____

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