



TOWN OF DOUGLAS
APPLICATION FOR EMPLOYMENT

Date of Application []

Position(s) Applied for: [] salary desired: []

Referral Sources: [] advertisement [] employment agency [] job posting
[] friend / relative [] walk-in [] other

PERSONAL

Last Name [] First Name [] Initial []

Address [] City [] State [] Zip Code []

Mailing Address (if different) Address [] City [] State [] Zip Code []

Phone Number [] Enter numbers only, no dashes email []

In case of emergency notify: []

GENERAL INFORMATION

If employed and you are under 18, can you furnish a work permit? [] yes [] no
Have you filed an application in the Town of Douglas before? [] yes [] no If yes, give date: []
Have you ever been employed in the Town of Douglas before? [] yes [] no If yes, give date: []
Are you employed in the Town of Douglas now? [] yes [] no May we contact your present employer? [] yes [] no
Can you, after employment, submit verification of your legal right to work in the United States? [] yes [] no

EDUCATION, TRAINING, & EXPERIENCE

Table with 3 columns: Source, Name & Location of School, Diploma/Degree Certificate. Rows include High School, Business/Technical/Correspondence Schools, and College & Graduate Schools.

Special Courses, Training : []

Manual: List licenses you possess (Motor Vehicle Operator, CDL, Class I II III, Hoisting, Engineer, etc.)
Clerical: List office machines you can operate (computer/programs, fax, etc.)

ADDITIONAL INFORMATION**OtherQualifications:**

Please list any other skills or qualifications you may have acquired from other employment or experience.

REFERECES

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

1.	Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>	Yrs. Known	<input type="text"/>
2.	Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>	Yrs. Known	<input type="text"/>
3.	Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>	Yrs. Known	<input type="text"/>

For Phone #'s, enter numbers only, no dashes

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 may result in discharge. Further, if hired I agree to take a physical exam as required under the Town's Personnel Bylaw if applicable to my employment. I understand that any offer of employment may be contingent upon the physician's opinion. I also understand that any employment offer is conditional on my ability to establish eligibility under the Immigration Reform and Control Act of 1986. I authorize investigation of all statements contained in this application and the release of information regarding education and past employment.

Signed By _____

Date