TOWN OF EASTMAN APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR:						DATE:			
			Р	ERSO	NAL IN	IFORM	MATION		
Last Name			First	Name			Middle Name		
Other Names by Whi	ich You I	nave Be	en Know	vn (e.g.,	Name C	hanges,	, Maiden, Aliases)		
Address									
City, State, Zip									
Phone Number			Alter	nate Ph	one Num	nber			
E-mail Address (if yo	u prefer	to receiv	/e comm	nunicatio	ons via e	-mail)			
			DRIV	ERS L	ICENS	E INFO	ORMATION		
		(Com					ng is a requirement are applying)		
Driver's License Nu	umber:						State		
Commercial Driver	's Licen	se (CDI	L- Only	provide	if a CD	L is req	quired for the position you are applying for)		
Do you currently ha	ave a Cl	DL?	Yes		No _				
Circle all Classes,	Endorse	ements	and Re	strictior	ns you p	resently	y have on your driver's license:		
Class:	Α	В	С	D					
Endorsements:	N	Н	Т	Х	S	Р			

Restrictions:

K

Are you capable of performing the duties of the job for which you are applying with or without a reasonable accommodation?	Yes	No 🔲
Have you ever filed an application with us before?	Yes	No 🗌
If yes, give date:		
Have you ever been employed with us before?	Yes	No 🗌
If yes, give date:		
Are you currently employed?	Yes	No 🔲
May we contact your present employer?	Yes	No \square
Have you ever been discharged or asked to resign?	Yes	No 🔲
If yes, please explain:	_	
Are you 18 years of age or older? (If no, employment is contingent on verification of minimum legal age.)	Yes	No
Are you authorized to work in the United States?	Yes	No
Do you currently have any pending charges against you, or have you ever been convicted of, pleaded guilty or no contest to, been placed on probation, fined, imprisoned or incarcerated, or paroled for any offense (e.g., felony, misdemeand ordinance violation or forfeiture), other than minor traffic violations?	or, Yes	No 🔲
If your answer is yes, please explain the circumstances for each charge or offens necessary) Note: A pending charge or conviction will not automatically bar you from employees.	•	ther page if

Institution(s) Attended Begin with High School	Curriculum	Dates Attended	Diploma/Degree/Certifica	
Degiri With Flight School	Curricularii	Dates Attended	Lameu	
	Military	/ Background		
(Complete thi	_	in the US Armed Forces or N	lational Guard)	
Branch of Service		Period of Active Duty		
Rank at Discharge/Date of Discharge		Describe Duties or Special Training		
nat relate to the position for vesponding to this question:	which you are applying	. Please review a job descrip	tion if available before	

List employment beginning with current or last job. This form is required to be filled out completely and to include all employment that you have held. Attach another page if necessary.

	T	T = . =
Company Name	Address	City, State
Position(s) Held	Supervisor Name/Telephone Number	Company Telephone Number
	Caparities ramine, receptions ramines	Company recognitions reasonable
Dates employed	Salary Starting	Salary Ending
From: To:		
From: To: Specific Duties:		
Specific Duties.		
Reason for Leaving:		
Company Name	Address	City, State
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Position(s) Held	Supervisor Name/Telephone Number	Company Telephone Number
Datas and and	Colon Ctartin	Colomo Fooding
Dates employed	Salary Starting	Salary Ending
From: To:		
Specific Duties:		
'		
B		
Reason for Leaving:		
Company Name	Address	City, State
Position(s) Held	Supervisor Name/Telephone Number	Company Telephone Number
Dates employed	Salary Starting	Salary Ending
	Calary Claring	Jana, y Ending
From: To:		
Specific Duties:		
December Legisland		
Reason for Leaving:		

REFERENCES

Please list at least three references who may have knowledge concerning your qualifications for this position. Do not include relatives, clergy, or personal friends who do not have specific knowledge of your job qualifications or performance.

REFERENCE INFORMATION

Name	
Address	
City, State, Zip	
Title-Position	
Daytime Phone	
Name	
Address	
City, State, Zip	
Title-Position	
Daytime Phone	
Name	
Address	
City, State, Zip	
Title-Position	
Daytime Phone	

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application are complete, accurate and true to the best of my knowledge. I understand that any misleading or incorrect statements may render this application void and may preclude an offer of employment or may result in a withdrawal of an employment offer. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated because of false, incomplete, or misleading statements, answers or omissions made by me in this application. I agree that the Town of Eastman shall not be held liable in any request if an offer of employment is precluded or my employment terminated because of false, incomplete, or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give the Town of Eastman any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the Town of Eastman including a check on my fingerprints and conviction record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person organization for any good faith result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is a such.	as valid as the original and should be recognized	as
PRINT name clearly		
Applicant's Signature		