TOWN OF COOPERTOWN

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION			
Last Name:	First Name:	Middle Name:	Today's Date:
Permanent Address:		APT/UNIT #:	
City:	State:	Zip:	
Phone: ( )	E-Mail Address:		
Who Referred You to Us?			
Have you ever worked for the Town of Coopertown before? YES NO If so, when?			
Have you ever been convicted of a felony? YES NO If so, explain			

DESIRED EMPLOYMENT		
Position:	Date Available to Start:	Salary Desired:
Are you Currently Employed?	If so, may we inquire of your present Employer?	
Reason for Leaving:		
Name of Supervisor at this Company:		

EDUCATION		
High School Name:	High School Address:	Did you graduate?
College/University Name:	College/University Address:	Did you graduate?

GENERAL
Special Training/ Skills:

EMPLOYMENT		
Current/Most Recent Employer:	Employer's Phone: ( )	
Address:	Supervisor:	
Job Title:		
Responsibilities:		
From: TO:	Reason for Leaving:	
May we contact your current/most recent Supervisor for a reference? YES: NO:		
Name of Supervisor:	Title of Supervisor:	Supervisors Phone: ( )

Company Name:	Company Phone: ( )	
Address:	Supervisor:	
Job Title:		
Responsibilities:		
From: TO:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES: NO:		
Name of Supervisor:	Title of Supervisor:	Supervisors Phone: ( )

REFERENCES	
Please list two professional and/or personal references.	
Full Name:	Relationship:
Company:	Phone Number: ( )
Address:	

Full Name:	Relationship:
Company:	Phone Number: ( )
Address:	

Driver's License Number _____
Driver's License State _____
Date of Birth _____
Social Security Number _____

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE TOWN OF COOPERTOWN FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.
I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE TOWN OF COOPERTOWN HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED TOWN REPRESENTATIVE."

I WAIVE ANY RIGHT OF PRIVILEGE, PRIVACY, AND/OR CONFIDENTIALITY I MAY HAVE IN THE INFORMATION PROVIDED BY REFERENCES OR OTHERS WHOM I HAVE INDICATED MAY BE CONTACTED.

CRIMINAL BACKGROUND CHECK and MVR AUTHORIZATION
I, THE BELOW SIGNED JOB APPLICANT, DO HEREBY AUTHORIZE THE TOWN OF COOPERTOWN OR ITS DESIGNEE TO CONDUCT A CRIMINAL BACKGROUND CHECK and MVR ON ME AS A PART OF THE JOB APPLICATION PROCESS. I HEREBY AUTHORIZE ANY LAW ENFORCEMENT AGENCY TO RELEASE INFORMATION, RECORDS AND DOCUMENTS CONCERNING ANY CRIMINAL CHARGES BROUGHT AGAINST ME

Applicant's Full Name _____ **Maiden Name (If applicable)** _____

Signature _____ **Today's Date** _____

The Town of Coopertown is an equal opportunity provider without regard to:
race, religion, national origin, political affiliation, sex, age or disability.