

**TOWN OF NEW HARMONY
APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)**

PERSONAL INFORMATION

DATE _____

NAME _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
LAST FIRST MIDDLE

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YRS. OR OLDER YES NO

TYPE OF LICENSE(CIRCLE THOSE THAT APPLY) OPERATOR'S CDL, CLASS CHAUFFEUR'S

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
 IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

REFERRED BY _____

EDUCATION

	NAME & LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____	_____	_____	_____

GENERAL

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.
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"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMFORM TO THE COMPANY'S RULES AND REGULATIONS 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 IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, 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."

DATE	SIGNATURE
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**TOWN OF NEW HARMONY
BACKGROUND INFORMATION RELEASE FORM**

APPLICANT INFORMATION

NAME _____
LAST
FIRST
MIDDLE

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

GENDER (CHECK ONE) MALE FEMALE

FULL NAME (AS IT APPEARS ON DRIVER'S LICENSE) _____

FORMER NAMES (and/or MAIDEN NAME & TIMEFRAMES) _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

ADDRESSES (CURRENT AND PREVIOUS)

				DATES
CURRENT ADDRESS _____	CITY _____	STATE _____	ZIP _____	

PREVIOUS ADDRESSES-ACCOUNT FOR PAST SEVEN YEARS

				DATES
PREVIOUS ADDRESS _____	CITY _____	STATE _____	ZIP _____	

				DATES
PREVIOUS ADDRESS _____	CITY _____	STATE _____	ZIP _____	

				DATES
PREVIOUS ADDRESS _____	CITY _____	STATE _____	ZIP _____	

I hereby authorize the Town of New Harmony and any of its authorized agents to gather information about me regarding the following: All records including criminal, civil, motor vehicle, professional certifications, worker's compensation (as allowed by law), general reputation, character, credit and/or education. I also release all information (salary date, etc.) from previous employers (including governmental agencies, military service, etc.) whether contained in written records or not, or any other pertinent information relating to the successful function of my job.

I hereby release the Town of New Harmony, former employers, and other references from any liability and understand that there is no invasion of personal privacy. All information will be obtained in connection with an application for employment. Upon receipt of a photocopy or fax of this authorization any such person may accept the photocopy or fax with the same authority as the original authorization.

I have the right to request a copy of the report from the Town of New Harmony (upon proper identification). If hired, this authorization shall remain on file and shall serve as an ongoing authorization for procurement of consumer reports at any time during employment. I also understand that all information is being obtained pursuant to the Fair Credit Reporting Act (FCRA).

Signature

Date