



TOWN OF HEBRON EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

TODAY'S DATE _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Home Phone	Cell Phone		

Position Applied For _____

If applicable, how did you learn of an open position? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? 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 dates _____

Are you currently employed? yes no May we contact your current employer? yes no

Are you prevented from lawfully becoming employed because of Visa or Immigration status? yes no
(Proof of citizenship or immigration status will be required upon employment)

Are you available to work: Full time Part time Shift Work Temporary

On what date would you be available for work? _____

Are you currently on "lay-off" status and subject to recall? yes no

Can you travel if a job requires it? yes no

Have you been convicted of a felony within the last 7 years? yes no
(Conviction will not necessarily disqualify an applicant from employment)

If yes, explain



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EDUCATION

	Elementary School	High School	College
School Name and Location			
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 5
Diploma/Degree			
Course of Study			

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any honors you have received:

State any additional information you feel may be helpful to us in considering your application:

Indicate below any foreign languages you can speak, read and/or write:

	FLUENT	GOOD	FAIR
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held (you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicaps, or any other protected status):

REFERENCES

Give name, address, and phone number of three references who are not related to you and are not previous employers:

1. _____
2. _____
3. _____

Have you ever had any job- related training in the United States military? yes no
If yes, please describe:

Are you physically or otherwise unable to perform the duties of the job for which you are applying? yes no



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EMPLOYMENT EXPERIENCE

Employer & Supervisor name	Dates Employed		Describe work performed
	From	To	
Address			
Phone #	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for Leaving			
Employer & Supervisor name	Dates Employed		Describe work performed
	From	To	
Address			
Phone #	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for Leaving			
Employer & Supervisor name	Dates Employed		Describe work performed
	From	To	
Address			
Phone #	Hourly Rate/Salary		
Job Title	Starting	Final	
Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE , PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER

Summarize special job-related skills and qualifications acquired from employment or other experience:

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,

Applicant Signature