



Town of *Long View*

Employment Application

Applicant Information

Full Name: _____ Social Security No: _____

Last First M.I.

Address: _____

Street Address

Apartment/Unit#

City

State

ZIP Code

Mailing Address: (If different than above)

Street Address

Apartment/Unit#

City

State

ZIP Code

Driver's License Information

Driver's License #: _____ State: _____

Class: _____ Expiration Date: ____/____/____

Restrictions: _____

Telephone/Contact Information

Home Phone: (____) _____ Business Phone: (____) _____ Ext: _____

Cell Phone: (____) _____ E-mail Address: _____

Information

Date Available for Work: _____ Desired Salary: \$ _____

Position Applied For: _____

Are you under 18 years of Age? YES ☐ NO ☐ YES NO

Are you a citizen of the United States? ☐ ☐ If no, are you authorized to work in the U.S.? ☐ ☐

Have you ever worked for this company? ☐ ☐ If so, when? _____

Are you related to anyone working for the Town of Long View? ☐ ☐ If yes, in what department is your relative employed?
Name of Relative: _____
Relationship: _____

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal? ☐ ☐

If yes, please give details below.

Date	City and State	Offense	Penalty or Disposition

Education

High School: _____ Address: _____
From: _____ Did you graduate? YES ☐ NO ☐ Degree: _____
To: _____ If you did not graduate, do you
have a GED Certificate? ☐ ☐

Check highest grade completed:

☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12

College: _____ Address: _____
From: _____ Did you graduate? YES ☐ NO ☐ Degree: _____
To: _____

Other: _____ Address: _____
From: _____ Did you graduate? YES ☐ NO ☐ Degree: _____
To: _____

Other job related training:

Professional licenses or certificates:

Professional memberships:

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Please list your present or most recent job first. If you need more space, please attach additional sheets.

Company: _____ Phone: (_____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Number of people supervised (if any)?: _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Number of people supervised (if any)? : _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
Number of people supervised (if any)? : _____
From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch of service: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Use the space below for any additional information you wish to provide concerning your qualifications for this position.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application interview may result in my release.

Signature of Applicant: _____ Date Signed: _____

In order to complete the e-signature you must download this form to your computer and open it in Adobe Acrobat Reader. Once completed and signed click the "SUBMIT" button to email to the Chief of Police.