



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: \_\_\_\_\_