

Application for Employment

Town of Franklin

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

(Please Print) Date of Application _____

Position(s) Applied for _____

Name _____

Address _____

Telephone __ () _____ Social Security Number ____/____/____ Birthdate _____

If employed and you are under 18, can you furnish a work permit? ___yes ___no

Have you filed an application here before? ___yes ___no If yes, give date _____

Have you ever been employed here before? ___yes ___no If yes, give date _____

Are you employed now? ___yes ___no May we contact your present employer? ___yes ___no

On what date would you be available for work? _____

Are you available to work ___Full Time ___Part Time ___Shift Work ___Temporary

Work Preference ___Afternoons ___Evenings (**One weekend a month is required**)

Have you been convicted of a felony within the last 7 years? ___yes ___no

If yes, please explain

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

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer	Dates Employed		Work Performed
Address			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving			
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Address			
Job Title	Hourly Rate/Salary		
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience.

Lifeguard Certification ___ Yes ___ No Date of renewal _____

Education

	Elementary School	High	College/University	Graduate/Professional
School Name				
Year Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe course of study:				
Describe training, apprenticeship, skills, and extra- curricular activities				

Drug Screening

All prospective employees will be subject to a pre employment drug test and if hired may be subject to random drug screening at anytime during the pool season. If under the age of 18 a parent or guardian needs to sign below to authorize the drug test. Please contact the Town Office for any questions.

Parent/Guardian _____ Date _____

Agreement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date