

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

Are you prevented from lawfully becoming an employee in this country because of Visa or Immigration Status? ___yes ___no

On what date would you be available for work? _____

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

Are you on a lay-off 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

If yes, please explain

Veteran of the U.S. military service? ___yes ___no If yes, Branch _____

Do you have any physical, mental, or medical impairment or disability that would limit your job performance for the position for which you are applying? ___yes ___no

If yes, explain_____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? ___yes ___no

If yes, explain_____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin):_____

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

___Handicapped Individual ___Disabled Veteran ___Vietnam Era Veteran

Signed_____

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			
Employer	Dates Employed		Work Performed
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.

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age marital or veteran status, medical condition or handicap.

As employers/government contractor, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate you cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate form the Application for Employment.

(Please Print)

Date _____

Position applied for _____

Referral Source: Advertisement Friend Relative
 Walk In Employment Agency Other _____

Name _____ Phone _____

Address _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicapped is voluntary.

Check one: Male Female

Check one of the following:

Race /Ethnic Group: White Black Hispanic
 American Indian/ Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

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				

Honors

Received: _____

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

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. I 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