



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? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? \_\_\_\_\_

Are you related to anyone working for the Town of Long View? YES NO 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? YES NO

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: \_\_\_\_\_