



#### **EMPLOYMENT APPLICATION**

### **Personal Information**

		Town:	
Phone: (h)		(c)	
o Have you re	ceived and read	I the job description	n? □Yes □No
gally authorized to w	ork in the U.S.?	□Yes □No	
ı provide a valid driv	er's license and	proof of insurance	? □Yes □No
	City	State	Years Attended
	City	State	i ears Attended
l of Study	City	State	Years Attended
Po	sition:		
Po			
reason for reaving			
	o Have you regally authorized to we provide a valid driver.  When are you availy a study Post Phone Number:	Have you received and read gally authorized to work in the U.S.? In provide a valid driver's license and when are you available to start when a yo	O Have you received and read the job description gally authorized to work in the U.S.?   Prescription a provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and proof of insurance and provide a valid driver's license and proof of insurance and provide a valid driver's license and proof of insurance and pro

# **TOWN OF WINDHAM Department of Parks & Recreation**



#### **EMPLOYMENT APPLICATION**

Company:	Position:		
Company Address:			
Supervisor:			
May we contact this person? □Yes □No	Reason for leaving:		
Describe your job duties:			
`	tional paper for employment	t history if needed.)	
Other Experience			
Please describe any additional information above are applying. List any job-related designary applicable to the position desired:			
<b>References</b> (Please list at least 2 professiona	l or personal references who	are not related by blood or r	narriage.)
Full Name	Relationship	Years Known	Phone #
1			
2			
3			
Disclaimer & Signature  I understand that the Town is committed to proviselection, hiring, promotion, transfer, and compennational origin, sex, religion, handicap or disability  I authorize the Town to inquire with any current of the application, or any other individuals I may background investigations to include criminal becontain pertinent information related to my candicated to my candicated to the copy of the relevant report, applicable eligibility states.	asation to all qualified applicantly, citizenship status, or any other former employers, professionly name concerning my work ackground checks, motor vehildacy for the position desired iment be denied based upon my	nts and employees without regather category protected by federd nal, work, educational and persexperience. I further authorize picle reports, and other consulf I understand the Town complies by background report(s) that I w	rd to age, race, color al, state, or local law. sonal references listed the Town to conduc mer reports that may s with the Fair Credi
I understand that the Town reserves the right, to that applicant or an employee either prior to beginning			ing tests of an
I certify that I have received a copy of the position any other Town documents provided during the ap			nent application and
I certify that the information given by me on this a I agree that if the information is found to be false, disqualified from consideration for employment or DO NOT SIGN UNTIL YOU HA	misleading, or unsatisfactory subject to immediate dismissa	in any respect (in the Town's ju l if discovered after I am hired.	udgment) that I will be
Applicant Signa	ature	Da	ate

## **TOWN OF WINDHAM Department of Parks & Recreation**



#### EMPLOYMENT APPLICATION

#### <u>AUTHORIZATION TO RELEASE INFORMATION</u>

I hereby request and authorize you to furnish the Town of Windham with any and all information they may request concerning my work record, educational history, military record, financial status, criminal or driving record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility to provide contract services for the Town of Windham.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Town of Windham contractor. This release will expire sixty (60) days after the date signed.

Print Name:	
Signed:	
Date:	
In order to facilitate access to requested background inform	nation, please provide the following:
Social Security Number:	
Date of Birth:	
Driver's License Number:	