

TOWN OF BRAZEAU
APPLICATION for EMPLOYMENT

Position Applied For: _____

Name (Last, First, MI)		Social Security No.	
Address		City, State, Zip	Home/Cell Phones

Email Address: _____

Name & Phone No. if person to notify in case of accident or emergency: _____

Will you accept Part-Time Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you lawfully authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you accept Temporary Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Are you now or have been employed by Town of Brazeau	NOW	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, position: _____
	PAST	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of employment: _____

Birthdate: To verify you are minimum legal age.	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License # & CDL Classification
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EDUCATION	NAME OF SCHOOL	CITY/STATE	Yrs Complete	Did you Graduate	Type Degree
High School					
College					
Graduate					
Other					

Member in professional organizations: List _____

What machines or office equipment can you operate? (List equipment & how well you operate it.)

Have you been convicted of offenses which relate reasonably to fitness to perform the particular job being applied for or any offenses convicted or pending? Yes No

Date of Offense	Place	Charges	Penalties

Use added sheets if necessary

IMPORTANT: We need the information below to aid us in determining your qualifications for the position. Please list your present and past full-and part-time employment. You may also attach a brief resume' to further explain your qualifications.

Employer:	Title:	Supervisor:
	Full or Part:	Reason for Leaving:
Address of Business (street, city, state, zip)		
Your Duties:		Salary/Hourly Wage: _____
		From (Mo./Yr) _____ To (Mo./Yr) _____
		Hours per Week: _____

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	Full or Part:	Reason for Leaving:
Address of Business (street, city, state, zip)		
Your Duties:		Salary/Hourly Wage: _____
		From (Mo./Yr) To (Mo./Yr)
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Employer:	Title:	Supervisor:
	Full or Part:	Reason for Leaving:
Address of Business (street, city, state, zip)		
Your Duties:		Salary/Hourly Wage: _____
		From (Mo./Yr) To (Mo./Yr)
		Hours per Week:

Do you have any work restrictions or with or without reasonable accommodation;
Explain the ability to perform job functions: _____

References: List three persons who are not related to you who have knowledge of your qualifications for the

Name	Address	Business/Occupation	Phone

I certify that all statements on my application materials are complete and true to the best of my knowledge. I understand that false statements or omissions of fact shall be sufficient cause for rejection of this application or dismissal.

I understand that, if I am employed, such employment does not create a contractual obligation upon the town to continue my employment and that I may be terminated, with or without cause or with or without notice, at any time.

The Town of Brazeau is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability, or veteran status.

I grant permission to the Town of Brazeau to conduct a criminal background & driver record check and investigate my references, to include past employers listed above; and I authorize my references and past employers to provide the Town of Brazeau information which the town deems appropriate. If there are any employers listed above whom you do not wish us to contact, please indicate: _____

The ability to possess and maintain a CDL license is required for certain positions. All licenses and certifications must always remain current.

(Signature)

(Date)