

APPLICATION FOR EMPLOYMENT

THE WATER BOARD OF THE TOWN OF VINCENT is an Equal Opportunity Employer. It is our policy to grant equal employment opportunities to all qualified employees regardless of race, religion, age, or of national origin.

APPLICATION DATE: _____ POSITION APPLIED FOR: _____

PRINT NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET OR P.O. BOX) (CITY) (STATE) (ZIP)

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

TELEPHONE NUMBER: _____ CELL PHONE NUMBER: _____

MARITAL STATUS: SINGLE () MARRIED () SEPARATED () DIVORCED () WIDOWED ()

EDUCATION

SCHOOL	NAME & ADDRESS	Attended From Yr. to Yr.	Did You Graduate	Degree
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ELEMENTARY

HIGH SCHOOL

COLLEGE

VOCATIONAL
TRADE

OTHER
(SPECIFY)

WHAT MACHINE(S) CAN YOU OPERATE?

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD QUALIFY YOU FOR THE APPLIED POSITION?

EMPLOYMENT RECORD

START WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS

FROM - TO	Employer's Name And Address	Position Held	Reason for Leaving

IF NOW EMPLOYED, MAY WE CONTRACT YOUR PRESENT EMPLOYER? YES NO

**LIST BELOW THE NAME AND ADDRESS OF THREE (3) PERSONAL REFERENCES.
THESE MUST BE SOMEONE OTHER THAN PRESENT EMPLOYER.**

I authorize the Water Board of the Town of Vincent personnel committee to secure confidential information as follows:

1. A police background check
2. A credit background check
3. A periodic drug test

Signature of Applicant _____ Date: _____

AFFIDAVIT: I certify the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the Vincent Water Board or any of its entities shall not be liable in any respect of my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.

Signed: _____ Date: _____

Employment Start Date: _____