



# Town of Spring City

## EMPLOYMENT APPLICATION

### Application information

Full name:

\_\_\_\_\_

*Last First M.I.*

Date:

\_\_\_\_\_

Address:

\_\_\_\_\_

*Street address Apt/Unit #*

Phone  
Number

\_\_\_\_\_

Alt  
Phone

Email:

\_\_\_\_\_

*City State Zip Code*

\_\_\_\_\_

Date Available:

\_\_\_\_\_

S.S. no:

\_\_\_\_\_

Desired salary:

\$

\_\_\_\_\_

Position applied for:  
(Must be Posted)

\_\_\_\_\_

Full Time  
Part Time

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 yes, when?

\_\_\_\_\_

Have you ever been convicted of a crime  
(misdemeanor or felony) You may omit traffic  
violations for which you paid a fine of \$30 or  
less

Yes  No

If yes, explain?

\_\_\_\_\_

\_\_\_\_\_

List any special skills or abilities which directly relate to the job for which you are applying

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- 
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## Education

High school:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diploma:	_____
College:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:	_____
Other:	_____	Address:	_____					
From:	_____	To:	_____	Did you graduate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Degree:	_____

## References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Previous Employment

Company:	_____	Phone:	_____		
Address:	_____	Supervisor:	_____		
Job title:	_____	From:	_____	To:	_____
Responsibilities:	_____				
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

List any Professional, Trade, Business, or Civic Activities and offices held (You may exclude membership which would reveal gender, race, religion, national origin, age ancestry, disability, or other protected status)

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

As an EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMTIVE ACTION EMPLOYER, THE TOWN OF SPRING CITY does not discriminate against applicants or employments because of their age, race, color, religion, national origin, sex (except where sex is a Bonafide occupational qualification) or any other basis prohibited by law Furthermore, THE TOWN OF SPRING CITY will not discriminate against any applicant or employee because he or she is mentally or physically disabled, a disabled, a disabled veteran, or a veteran of the Vietnam era, providing he or she is qualified and meets the requirements established by THE TOWN OF SPRING CITY for the job.

**Disclaimer and signature**

I authorize investigation of all statements contained in this application and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application and/or for separation from City service if I have been employed. I hereby authorize any person or organization whose name I have given as reference as a reference, or by whom I have been previously employed, to finish the Town of Spring City any information they may have concerning me, and I hereby release all such persons and organizations from an claims or damages. I hereby authorize investigation of my criminal conviction record. I further authorize any physician who has examined or treat me with Worker’s Compensation claims to give you a complete record and report of findings and opinions. I agree, if employed, to abide by all the rules, regulations, and ordinances of the Town of Spring City. I understand that the completion of this application for employment does not constitute an offer for employment I certify that the information I have given is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_