

**APPLICATION FOR EMPLOYMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

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**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are You Employed Now?  YES  NO

If So, May We Inquire of Your Present Employer?  YES  NO

Are You Legally Authorized to Work in the United States?  YES  NO

Have You Ever Applied/Worked for The Topton Borough Before?  YES  NO

If so, when? \_\_\_\_\_

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**EDUCATION AND TRAINING**

	<b><u>NAME / CITY &amp; STATE</u></b>	<b><u>YEARS</u></b>	<b><u>GRADUATE</u></b>	<b><u>COURSE OF STUDY</u></b>
HIGH SCHOOL			YES / NO	VOCATIONAL / ACADEMIC
COLLEGE			YES / NO	
TRADE or OTHER			YES / NO	

Special Skills, Training, or Certifications\*: \_\_\_\_\_

\*Lifeguards – please list certification expiration date or scheduled course date

U.S. Military Service and Rank: \_\_\_\_\_

**EMPLOYMENT HISTORY**

<u>DATE</u> <u>MONTH &amp; YEAR</u>	<u>NAME &amp; PHONE OF EMPLOYER</u>	<u>SALARY</u>	<u>POSITION</u>	<u>REASON FOR LEAVING</u>
From				
To				
From				
To				
From				
To				

**REFERENCES**

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATION</u>	<u>YEARS KNOWN</u>

**AUTHORIZATION**

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

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

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

-----Do Not Write Below this Line-----

Hired (Position): \_\_\_\_\_

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

Approval: \_\_\_\_\_

Salary: \_\_\_\_\_