TOWN OF EASTON
DEPARTMENT OF PUBLIC WORKS
A DRUG FREE WORKPLACE
APPLICATION FOR EMPLOYMENT

IT IS THE CHOICE OF THE APPLICANT WHETHER OR NOT TO ANSWER ANY QUESTIONS HE/SHE DEEMS OF TOO PERSONAL A NATURE.

PERSONAL INFORMATION: **DATE** _____

NAME_____ **PHONE NO.** _____
LAST **FIRST** **MIDDLE**

EMAIL ADDRESS: _____ **CELL NO.** _____

PRESENT ADDRESS _____
STREET **CITY/STATE** **ZIP**

PERMANENT ADDRESS _____
STREET **CITY/STATE** **ZIP**

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? ☐ **YES** ☐ **NO**

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND DEPARTMENT _____ **REFERRED BY:** _____

EMPLOYMENT DESIRED:
POSITION _____ **DATE YOU CAN START** _____ **DESIRED SALARY** _____

ARE YOU EMPLOYED NOW? _____ **IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?** _____

EVER APPLIED HERE BEFORE: _____ **WHEN?** _____

EDUCATION	SCHOOL NAME/LOCATION	YEARS ATTENDED	SUBJECT STUDIED
HIGH SCHOOL			
TRADE OF BUSINESS SCHOOL			
COLLEGE			

SKILLS: ANY SPECIAL SKILLS (RELATED TO JOB): _____

CDL - Y N, ENDORSEMENTS: _____

DRIVERS LICENSE NO. _____ **CLASS** _____ **RESTRICTIONS:** _____

US MILITARY OR NAVAL SERVICE _____ **PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES** _____

PAST EMPLOYERS: **LIST LAST 3 EMPLOYERS, STARTING WITH LAST ONE FIRST**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM _____ TO:			
FROM: _____ TO:			
FROM: _____ TO:			

REFERENCES: **3 PERSONS NOT RELATED TO YOU, KNOWN AT LEAST 5 YEARS**

NAME	ADDRESS	RELATIONSHIP	PHONE #	YEARS KNOWN

GENERAL

ARE YOU ABLE TO PERFORM THESE TASKS WITH OR WITHOUT ACCOMMODATIONS? Y N
IF NO, HOW WOULD YOU PERFORM TASKS AND WITH WHAT ACCOMMODATIONS?

_____

IN CASE OF EMERGENCY NOTIFY: _____

NAME ADDRESS PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I UNDERSTAND THAT A PRE-EMPLOYMENT DRUG TEST WILL BE DONE.

DATE _____ **SIGNATURE** _____

DO NOT WRITE BELOW THIS LINE

REMARKS:

INTERVIEWED BY: _____

START DATE _____ **PAY RATE:** _____

On this sheet, please list details in each of the trades listed below:
(Use back of sheet if necessary.)

ELECTRICAL:
Education:

Experience:

Any Certification/Licenses?

PLUMBING:
Education:

Experience:

Any Certification/Licenses?

HEATING, VENTILATION, & AIR CONDITIONING – (HVAC):
Education:

Experience:

Any Certification/Licenses?

CARPENTRY:
Education:

Experience:

Applicant: _____

LIST OF EQUIPMENT THAT I HAVE OPERATED FOR MORE THAN 100 HOURS:

TYPE	MAKE	MODEL