

TOWN OF HUDSON

Employment Application



APPLICANT INFORMATION				
Last Name		First		M.I. Today's Date
Street Address			Apartment/Unit #	
City		State		ZIP
Phone		E-mail Address		
Date Available		Social Security No.		Desired Salary
Position Applied for				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
If the job requires, do you have the appropriate valid driver's license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL#/Type/State
Have you had any moving violations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please describe
Have you been given a job description or had the requirements of the job explained to you?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you understand these requirements?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you perform the requirements of this job with or without reasonable accommodation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			Degree	
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				
Full Name			Relationship	
Company			Phone ()	
Address				
Full Name			Relationship	
Company			Phone ()	
Address				
Full Name			Relationship	
Company			Phone ()	
Address				

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
COMMENTS			

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on Town policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the Town.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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