

# APPLICATION FOR EMPLOYMENT

## TOWN OF SWEDEN



The Town of Sweden considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip
Telephone Number	Cell Phone Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with the Town of Sweden before? If Yes, give date \_\_\_\_\_ Yes No

Have you ever been employed with the Town of Sweden before? If Yes, give date \_\_\_\_\_ Yes No

Do any of your friends or relatives, other than spouse, work for the Town of Sweden? Yes No  
If Yes, state name, relationship and department \_\_\_\_\_

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No  
*Proof of citizenship or immigration status will be required upon employment.*

Date available for work \_\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: Full Time days evenings weekends (circle all that apply)

Part time days evenings weekends (circle all that apply)

Seasonal Please indicate dates available \_\_\_\_\_

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

### EDUCATION

School	Name & Address	Course of Study	Years Completed	Degree/Diploma
High School				
College				
Graduate				
Other				

### ADDITIONAL INFORMATION

State any additional information you feel may be helpful in considering your application.

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Describe major duties and areas of responsibility.

Employer	Dates Employed From To		Work Performed	
Address				
Telephone				
Job Title	Hourly Rate/Salary Starting Final			
Supervisor				
Reason for Leaving		May we contact?		Yes No

Employer	Dates Employed From To		Work Performed	
Address				
Telephone				
Job Title	Hourly Rate/Salary Starting Final			
Supervisor				
Reason for Leaving		May we contact?		Yes No

Employer	Dates Employed From To		Work Performed	
Address				
Telephone				
Job Title	Hourly Rate/Salary Starting Final			
Supervisor				
Reason for Leaving		May we contact?		Yes No

## REFERENCES Do not include family members or past supervisors.

Name	Occupation	Relationship	Phone Number
1.			
2.			
3.			

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Sweden is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the Supervisor of the Town of Sweden.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all policies of the Town of Sweden.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date