

Town of Rossville

EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____

PERSONAL INFORMATION:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____ Email: _____

Driver's License: Operator CDL CDL Type _____

POSITION APPLYING:

Requested Position: _____ Desired Pay Range: _____

EDUCATION:

Available Start Date: _____ Are you currently employed: _____

- High School Diploma or GED
- College Years Completed: _____ Degree: _____
- Specialized Training or Trade School

Please list your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position:

WORK EXPERIENCE:

Company Name: _____ Immediate Supervisor: _____

Address: _____

Job Title: _____ Phone: _____

Job Description:

Dates: From (mm/yr) ___/___ To (mm/yr) ___/___ Reason for leaving: _____

Company Name: _____ Immediate Supervisor: _____

Address: _____

Job Title: _____ Phone: _____

Job Description:

Dates: From (mm/yr) ___/___ To (mm/yr)___/___ Reason for leaving: _____

BACKGROUND AUTHORIZATION:

I hereby authorize the Town of Rossville to seek the release of investigatory information, including criminal history, possessed by any private or public employer or any local, state, or federal agency. I authorize these private or public employers, or local, state or federal agencies to provide the Town of Rossville any information they may release concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

AUTHORIZATION

Name:

Driver's License

Number:

Date of birth (For ID

Purposes Only)

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. With my signature below, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from liability or responsibility for providing such information.

Signature: _____ Date: _____