



# TOWN OF FREETOWN

## APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications *and* may assist us in possible future upgrading.

Date \_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle.

Present address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
No. Street City State Zip Code

What method of transportation will you use to get to work? \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Would you work Full-Time\_\_\_\_ Part-Time\_\_\_\_ Specify days and hours if part-time \_\_\_\_\_

Where you previously employed by us?\_\_\_\_\_ If yes, when? \_\_\_\_\_

List any relatives working for us \_\_\_\_\_

Names

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 20 \_\_\_\_\_

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization? \_\_\_\_\_

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	List Diploma or Degree
			5	6	7	8		
		X					<input type="checkbox"/> Yes <input type="checkbox"/> No	X
			1	2	3	4		
			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**List below all present and past employment, beginning with your most recent**

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Telephone									

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	Mo.	Yr.	Mo.	Yr.					
Telephone									

May we contact the employers listed above? \_\_\_\_\_ If not, Indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

**PERSONAL REFERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

## Military Service Record

Were you in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ to \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_  
\_\_\_\_\_

Have you taken any training under the G.I. Bill of Rights? \_\_\_\_\_ If yes, what training: \_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.**

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

\_\_\_\_\_  
**Date**