



Town of Highland Employment Application

APPLICANT INFORMATION										
Last Name		First			MI		Date			
Street Address				Apartment/Unit #						
City			State		Zip Code					
Phone			E-mail Address							
Date Available		Full or Part-Time			Desired Salary					
Position Applied for										
Are you at least 18 years of age?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have a valid drivers' license?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
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?				
Have you ever been convicted of a felony?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
EDUCATION										
High School			Address							
Years Attended		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
College			Address							
Years Attended		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
Other			Address							
Years Attended		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree		
REFERENCES										
<i>Please list three professional references.</i>										
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"/>			
MILITARY SERVICE								
Branch					From		To	
Rank at Discharge				Type of Discharge				
If other than honorable, explain:								
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			

Approved for use by the Office of the Clerk-Treasurer, pursuant to IC 36-5-6-6(3)