



Town of Highland Employment Application

APPLICANT INFORMATION									
Last Name		First		M.I.		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		