

Town of Ross

Employment Application

Applicant Information							
Full Name:							Date:
	Last		Fi	rst		M.I.	
Address:							
	Street Addre	!SS					Apartment/Unit #
	City					State	ZIP Code
Phone:					Email		
Position Applied for:							
If hired, can you provide proof of your right YES NO to work in the United States?							
In compliance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document upon hire.							
Have you ever worked for the Town of Ross? YES NO If yes, when?							
				Edu	ıcation		
High School:				Addres	s:		
Did you gra	YES duate?	NO	Diploma:				
College:				Addres	s:		
Did you gra	YES duate?	NO	Degree:				
Other:				Addres	S:		
Did you gra	YES duate?	NO	Degree:				
References							
Please li	st three perso	ns not relat	ted to you who	have kno	owledge of your w	ork performance v	within the last five years.
Full Name:						Relationsh	
Company:						Pho	ne:

Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
		ent History			
Emplo	yment history may be limited to ten ye You must complete this secti				
Company:	·	-	_	Phone:	
^ dduaa.				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your pr	revious supervisor for a reference?	YES	NO		
Company:				Phone:	
Address				Supervisor:	
Job Title:					
Responsibilities:					
From:	To:	Reason f	for Leaving:		
May we contact your pr	revious supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibilities:					

From: 10:	Reason for Leaving:				
May we contact your previous supervisor for a reference?	YES NO				
Attach additional sheets, if necessary.					
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:				

Employment Application

initials	chances for employment and that knowledge. I further certify tha application. I understand that any on any document used to secure	owingly withheld any information that might adversely affect my the answers given by me are true and correct to the best of my I, the undersigned applicant, have personally completed this completed or mission or misstatement of material fact on this application or employment shall be grounds for rejection of this application or apployed, regardless of the time elapsed before discovery.					
initials	ation and other matters related references I have listed to disclos related to my work records, withor elease the Town, my former er	to my suitability for employment and, further, authorize the e to the Town any and all letters, reports and other information ut giving me prior notice of such disclosure. In addition, I hereby apployers and all other persons, corporations, partnerships and ms, demands or liabilities arising out of or in any way related to					
initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Town. In addition, I understand and agree that if I am employed, memployment is for no definite or determinable period and may be terminated at any time, without prior notice, at the option of either myself or the Town and that no promises or representations contrary to the foregoing are binding on the Town unless made in writing an signed by me and the Town's designated representative.						
initials	Should a search of public records (including records documenting an arrest, indictment, conviction civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Town, I am entitled to copies of any such public records obtained by the Town unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.						
	☐ I waive receipt of a copy of any	public record described in the paragraph above.					
	Date	Applicant's Signature					