Employment Application Form

Applicant Information

Full Name: _____ Date: _____

Last *First* *M.I.*

Address: _____

Street Address *Apartment/Unit #*

_____

City State *ZIP Code*

Phone: _____ E-mail Address: _____

Date Available: _____ How did you hear about this position? _____

Position Applied for: _____ Hours (per week) desired? _____

Desired Salary: $ _____

Have you ever worked for this organization? YES ☐ NO ☐

Employment Desired? Full-time ☐ Part-time ☐

Are you legally authorized to work in the United States? YES ☐ NO ☐

Education

High School: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Address: _____

College: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Address: _____

Other: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Address: _____

Licenses

Please list all current licenses you possess that are relevant to the work you possess that are relevant to the position you seek. A current valid license is a condition of employment where required.

Do you have a valid driver's license (Class D auto)?

YES ☐ NO ☐ EXPIRATION DATE: _____

Do you have a valid CDL license (Class A or B) ?

YES ☐ NO ☐ EXPIRATION DATE: _____

Do you have a valid Hydraulic license?

YES ☐ NO ☐ EXPIRATION DATE: _____

What other valid licenses or certificates do you hold?

Previous Employment

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities:

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Are you a U.S. Veteran?

YES ☐ NO ☐

What is your U.S. military service history?

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Fair Credit Reporting Act Disclosure & Authorization Form

As an applicant for employment or a current employee of The Town of Nantucket you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, The Town may choose to obtain and use information contained in an investigative consumer report from a third party agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

An investigative consumer report means a consumer report or portion thereof in which information on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

Authorization

By signing below, I hereby voluntarily authorize The Town of Nantucket, to obtain an investigative consumer report about me from a third party agency and to consider this information when making decisions regarding my employment at The Town of Nantucket. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

I voluntarily authorize all persons, including current and former employers and supervisors, credit reporting agencies, and educational institutions to release information they may have about me to The Town of Nantucket.

I understand that if I am employed by The Town of Nantucket, this authorization shall remain in effect throughout my employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that employment with your company is "at will" and nothing in the interview or hiring process, this application, or your company policies are intended to create an employment contract between myself and the company. Employment may be terminated by either party at any time for any reason with or without notice.

Signature: _____ Date: 02/27/2018

Printed Name: _____