

TOWN OF GRAY
APPLICATION FOR EMPLOYMENT
(Pre-employment Questionnaire) (An Equal Opportunity Employer)

PERSONAL INFORMATION:

Date: _____

Name _____ Social Security No. _____
 Last First Middle

Present Address _____
 Street City State Zip

Permanent Address _____
 Street City State Zip

Are you 18 Years or Older? _____ Yes _____ No Phone No. _____ Apt.No. _____

In case of Emergency/Notify: _____

Are you legally able to work in the United States _____ Yes _____ No

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary Desired _____

Are you employed now? _____ If so, may we contact your present employer? _____

Ever applied to this municipality before? _____ Where? _____ When? _____

Reason for Leaving:

Name of last supervisor at this municipality: _____

Who referred you to this municipality? Please list:

EDUCATION:

School Level	Name/Location of School	No. of Years Attended	Graduate?	Subjects Studied
Grammer School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade/Business Correspondence School	_____	_____	_____	_____

GENERAL:

Special Training _____

Special Skills _____

FORMER EMPLOYERS: (List last three employers, starting with last one first)

Name and Address of Present or Last Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No: _____

Description of Work: _____

Reason for Leaving: _____

Name and Address of Present or Last Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No: _____

Description of Work: _____

Reason for Leaving: _____

Name and Address of Present or Last Employer: _____

Starting Date: _____ Leaving Date: _____
Month Year Month Year

Weekly Starting Salary: _____ Weekly Final Salary: _____

Job Title: _____ May we contact your Supervisor? _____

Name and Title of Supervisor: _____ Phone No: _____

Description of Work: _____

Reason for Leaving: _____

REFERENCES: (Give below the names of three persons, not related to you, whom you have known at least one year)

	Name	Address	Business	Years Acquainted
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SERVICE RECORD:

Branch of Service: _____ Discharge Date/Rank: _____

Present Membership in National Guard or Reserves: _____ Date Obligation Ends: _____

Height _____ Feet _____ Inches _____

Are you able to perform each of the following job functions on the attached job description for which you applied?

Yes _____ No _____

If not, please explain why and what accommodations may be necessary.

Have you been convicted of a felony or misdemeanor within the last ten (10) years? Yes _____ No _____

If Yes, describe:

I understand and agree that I may be required, as a result of the job classification, to take one or more physical examination[s] and alcohol and drug test[s] as a condition of hiring or continued employment. I agree to consent to take such test[s] at such time as designated by the Municipality and to release the Municipality, its directors, officers, agents or employees from any claim arising in connection with the use of such tests[s].

Yes _____ No _____

AUTHORIZATION:

I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, MISREPRESENTATIONS OR FAILURE TO FULLY COMPLETE THIS APPLICATION SHALL BE CAUSE TO REJECT THE APPLICATION OR MAY BE CAUSE FOR SUBSEQUENT DISMISSAL IF YOU ARE HIRED.

In consideration of my employment, I agree to conform to the Town of Gray's personnel rules and regulations and I agree that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at either my or the Municipality's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the Town.

Date: _____ Signature: _____

**VOLUNTARY STATEMENT OF CONSENT TO
INVESTIGATION AND RELEASE OF INFORMATION**

Social Security No. _____ Date of Birth: _____

[This information is solely for the purpose of completing a full background check]

I, _____, residing at _____
_____, understand that in order to assess my eligibility
for employment with the Town of Gray, a full background check and investigation shall be necessary.

I do hereby authorize such an investigation into my background which shall involve verification of any information given on my application including materials, character references, education and employment history, financial management, driving history and criminal records.

(If a veteran, I understand that this investigation could involve an examination of my military records).

In the event that the results of this investigation prevents my further consideration for employment with the Town of Gray, I understand that I will be notified to that effect, in writing, and I will be afforded the opportunity to review those as to accuracy.

Signed: _____ Date: _____