

APPLICATION FOR EMPLOYMENT

It is the policy of the Town of Franklinton to provide equal opportunity with regard to all terms and conditions of employment. The Town of Franklinton complies with federal and state laws prohibiting discrimination on the basis of race, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

NAME: _____ PHONE(S): _____

ADDRESS: _____

POSITION APPLYING FOR: _____ SHIFT PERFERRED: 1 2 3 ANY

EXPECTED PAY: _____ FULL TIME: _____ PART TIME: _____ ANY: _____

DATE AVAILABLE TO START: _____ EVER BEEN EMPLOYED HERE BEFORE: _____

SPECIAL TRAINING/SKILLS:

LANGUAGES, MACHINE OPERATION, ETC... THAT WOULD BE OF BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING.

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? _____
IF YES, PROOF IS REQUIRED.

EMPLOYMENT EXPERIENCE

****ONLY LIST EMPLOYERS WE MAY CONTACT****

EMPLOYER: _____ ADDRESS: _____

PHONE: _____ JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM (MM/YY) _____ TO (MM/YY) _____

HOURLY RATE/SALARY: START _____ FINAL _____

WORKED PERFORMED:

OFFICE USE ONLY

APPLICANT # _____

EMP # _____

HIRE DATE _____

POSITION _____

RATE _____

CLASS _____

SKILL _____

OTHER _____

NOTES _____

ATTACHMENTS:

____ RESUME

____ REF CHECK

____ INTERVIEW

____ PAYROLL CHNG

____ DATA CARD

REASON FOR LEAVING:

EMPLOYER: _____ ADDRESS: _____

PHONE: _____ JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM (MM/YY) _____ TO (MM/YY) _____

HOURLY RATE/SALARY: START _____ FINAL _____

WORKED PERFORMED:

REASON FOR LEAVING:

EMPLOYER: _____ ADDRESS: _____

PHONE: _____ JOB TITLE: _____ SUPERVISOR: _____

DATES EMPLOYED: FROM (MM/YY) _____ TO (MM/YY) _____

HOURLY RATE/SALARY: START _____ FINAL _____

WORKED PERFORMED:

REASON FOR LEAVING:

EDUCATION BACKGROUND

GRAMMAR SCHOOL: _____ LOCATION: _____

COURSE OF STUDY: _____ DID YOU GRADUATE: _____ DATE: _____

DEGREE/DIPLOMA: _____

HIGH SCHOOL: _____ LOCATION: _____

COURSE OF STUDY: _____ DID YOU GRADUATE: _____ DATE: _____

DEGREE/DIPLOMA: _____

COLLEGE: _____ LOCATION: _____

COURSE OF STUDY: _____ DID YOU GRADUATE: _____ DATE: _____

DEGREE/DIPLOMA: _____

GRADUATE SCHOOL: _____ LOCATION: _____

COURSE OF STUDY: _____ DID YOU GRADUATE: _____ DATE: _____

DEGREE/DIPLOMA: _____

VOCATIONAL: _____ LOCATION: _____

COURSE OF STUDY: _____ DID YOU GRADUATE: _____ DATE: _____

DEGREE/DIPLOMA: _____

CONTINUING EDUCATION: _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE TOWN OF FRANKLINTON'S 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 TOWN'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITION OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT NOTICE, AT ANY TIME BY THE TOWN. I UNDERSTAND THAT NO TOWN REPRESENTATIVE, OTHER THAN IT'S MANAGER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MANAGER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

APPLICANT'S SIGNATURE: _____ DATE: _____

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the ethnicity, race, and gender of the individual applicants on the basis of visual observation and surname."

Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male

"This institution is an equal opportunity provider and employer. Discrimination is prohibited by Federal Law. To file a complaint of discrimination write USDA, Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, D.C. 20250-9410 or call toll-free (866) 632-9992(English) or (800) 877-8339(TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay)."