TOWN OF NEW HARMONY APPLICATION FOR EMPLOYMENT (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMA	TION						
		DATE					
NAME		SOCIAL SECURITY NUMBER					
PRESENT ADDRESS	LAST	FIRST	MIDDLE	Ξ			
PERMANENT ADDRESS	STREET		CITY		STATE	ZIP	
PHONE NO.	STREET	ARE YOU	CITY 8 YRS.	OR OLDER	STATE YES	ZIP NO	
TYPE OF LICENSE(CIRCLI	E THOSE THAT APPLY	OPERATOR	R'S CI	OL, CLASS	CHAUFF	EUR'S	
LICENSE NUMBER:		STATE:		EXPIRATION	ON DATE		
ARE YOU PREVENTED IN THIS COUNTRY BEC				_	YES NO)	
EMPLOYMENT DESIR	ED						
POSITION		DATE Y CAN ST	ART]	SALARY DESIRED		
ARE YOU EMPLOYED N	IF SO MAY WE INQUIRE J EMPLOYED NOW? OF YOUR PRESENT EMPLOYER?						
EVER APPLIED TO THIS	S COMPANY B	EFORE?	WHE	N?			
REFERRED BY							
EDUCATION							
GRAMMAR SCHOOL	NAME & LOCATION OF SCHOOL	ON NO OF ATTEN	YEARS NDED	DID YOU GRADUATE?	SUBJECTS STUDIED		
HIGH SCHOOL							
COLLEGE							
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL							

GENERAL					
SPECIAL SKILLS					
ACTIVITIES: (CIV	IC, ATHLETIC, ETC.)				
ACTIVITIES. (CIV.	ic, ATTIELTIC, ETC.)				
		PRESENT MEN	/BERSHIP IN		
U.S. MILITARY OR		NATIONAL GU	NATIONAL GUARD		
NAVAL SERVICE	RANK	OR RESERVES			
FORMER EMPLO	YERS (LIST BELOW LAST THREE EM	MPLOYERS, STARTING WITH LAS	ST ONE FIRST)		
DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY POSITION	REASON FOR LEAVING		
FROM					
TO					
FROM					
TO					
FROM					
TO WHICH OF THESE	JOBS DID YOU LIKE BEST	?			
WHAT DID YOU L	IKE MOST ABOUT THIS JO	B?	_		
REFERENCES: GIV	VE THE NAMES OF THREE PERSONS, NO	OT RELATED TO YOU, WHOM YO	OU HAVE KNOWN AT LEAST ONE		
NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED		
1.					
<u>2.</u>					
3.					
IN CASE OF EMERGENCY NOTIFY					
EMERGENCT NOTH T	NAME ADDRES	SS PI	HONE NO.		
THAT IF ANY FALSE INFOR AND, IF I AM EMPLOYED, N IN CONSIDERATION OF MY MY EMPLOYMENT AND COTIME, AT EITHER MY OR TIEMPLOYMENT MAY BE CHUNDERSTAND THAT NO COSIGNED BY THE PRESIDENT	INFORMATION SUBMITTED BY ME ON MATION, OMISSIONS, OR MISREPRESE MY EMPLOYMENT MAY BE TERMINATION EMPLOYMENT, I AGREE TO COMFORD MPENSATION CAN BE TERMINATED, WHE COMPANY'S OPTION. I ALSO UNDE LANGED, WITH OR WITHOUT CAUSE, ALD MPANY REPRESENTATIVE, OTHER THIT, HAS ANY AUTHORITY TO ENTER INTY AGREEMENT CONTRARY TO THE FOI	ENTATIONS ARE DISCOVERED, MED AT ANY TIME. M TO THE COMPANY'S RULES AT WITH OR WITHOUT CAUSE, AND RSTAND AND AGREE THAT THE ND WITH OR WITHOUT NOTICE, IAN IT'S PRESIDENT, AND THEN TO ANY AGREEMENT FOR EMPLICO.	IY APPLICATION MAY BE REJECTED ND REGULATIONS AND I AGREE THAT WITH OR WITHOUT NOTICE, AT ANY TERMS AND CONDITIONS OF MY AT ANY TIME BY THE COMPANY. I ONLY WHEN IN WRITING AND		
DATE	SIGNATURE				

TOWN OF NEW HARMONY BACKGROUND INFORMATION RELEASE FORM

APPLICANT INFORMATION					
NAME	FIRST		MIDDLE		
			MIDDLE		
DATE OF BIRTH	SOCIAL SECURITY NUMBER				
GENDER (CHECK ONE)	ECK ONE) MALE		FEMALE		
FULL NAME (AS IT APPEARS ON DRIVE	ER'S LICENSE)				
FORMER NAMES (and/or MAIDEN N	AME & TIMEFRAMES)				
DRIVER'S LICENSE NUMBER		STATE ISSUED			
ADDRESSES (CURRENT AND	PREVIOUS)				
				DATES	
CURRENT ADDRESS	CITY	STA	ATE Z	ZIP	
PREVIOUS ADDRESSES-ACCOU	JNT FOR PAST SEVEN YEARS				
				DATEC	
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES	
				D.A. TEEG	
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES	
PREVIOUS ADDRESS	CITY	STATE	ZIP	DATES	
I hereby authorize the Town of New Harmony records including criminal, civil, motor vehicle character, credit and/or education. I also relea agencies, military service, etc.) whether contain function of my job. I hereby release the Town of New Harmony, for invasion of personal privacy. All information photocopy or fax of this authorization any sucl	e, professional certifications, worker's se all information (salary date, etc.) for and in written records or not, or any cormer employers, and other reference will be obtained in connection with a	s compensation (as all from previous employe other pertinent informa- es from any liability and an application for empl	owed by law), goes (including goestion relating to ad understand the oyment. Upon 1	eneral reputation, vernmental the successful at there is no receipt of a	
I have the right to request a copy of the report remain on file and shall serve as an ongoing at understand that all information is being obtain	uthorization for procurement of consu	umer reports at any tim			
Signature		te		<u></u>	