

AN  
EQUAL  
OPPORTUNITY  
EMPLOYER

TOWN OF RICHLANDS  
APPLICATION FOR EMPLOYMENT

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All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin or handicap. The use of this form does not mean there are positions open and does not obligate us in any way.

PRINT  
GENERAL INFORMATION

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ How long have you lived there? \_\_\_\_\_  
No. Street City State/Zip

Position Applied For: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Previous Addresses within last 12 years: \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ If so, why do you want to change jobs? \_\_\_\_\_

Have you ever applied for a job with this company before? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Have you ever worked for this company before? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Are you over the age of 21? \_\_\_ Yes \_\_\_ No If no, employment is subject to verification that you are of minimum legal age.

If you are not a US citizen, have you the legal right to remain permanently in the US? Do you intend to remain permanently in the US?  
\_\_\_ Yes \_\_\_ No If hired, applicant may be required to submit proof of citizenship.

Name and phone number of person to be notified in case of an emergency: \_\_\_\_\_

Have you ever been convicted of a crime for other than minor traffic violations? \_\_\_ Yes \_\_\_ No IF yes, explain: \_\_\_\_\_

Have you ever served a jail sentence ? \_\_\_ Yes \_\_\_ No If yes, how long? \_\_\_\_\_

Do you have any kind of physical condition which may limit your ability to perform the job applied for? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

How much time have you lost from work during the past year?  
\_\_\_\_\_

Do you have a valid driver or operator's license? \_\_\_ Yes \_\_\_ No If yes, what is the expiration date?  
\_\_\_\_\_

License Number \_\_\_\_\_ Date of issue \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

To be answered if care ownership is a requirement of the job applied for: Do you own a car ? \_\_\_ Yes \_\_\_ No

Can you think of anything else which would assist us in determining your qualifications for employment? \_\_\_\_\_

REFERENCES (Do not list Relatives or Former Employers)

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Occupation \_\_\_\_\_

