## TOWN OF SUMNER APPLICATION FOR EMPLOYMENT

The Town of Sumner considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, material or veteran status, sexual orientation or any other protected status.

(PLEASE PRINT)

Position Applied for		Date of Application
How Did You Learn About The Position?		
AdvertisementFriendWalk In	_ Relative Other	·
Name	Phone #	
Address	Social Security #	
City/State		
Have you ever submitted an application with If Yes, give date		No
Have you ever been employed with us before If Yes, give date		No
Are you currently employed?Yes	No	
May we contact your present employer?	_YesNo	
Are you prevented from lawfully becoming Status?	employed in this co	, g
(Proof of citi	zenship or immigration	status will be required upon employment
Are you currently on "lay-off" status and sub	ject to recall?Yes	SNo
Are you a licensed driver?Yes DL#		d in what State?
License Class/Endorsements:		
How many years experience of driving and/o	or plowing snow with	a dump truck?
Do you have any experience of operating a	dump truck with a wir	ng? Yes No
Are you able to lift a minimum of 50 pounds'	? Yes	No

Education							
	Name and of School	d Address		Course of Study	10	ars mpleted	Diploma Degree
High School							
Undergraduate College							
Graduate Professional							
Other (Specify)							
ndicate any fore	ign langu	ages you c	an speak,	read and/or w	rite		
	F	luent		Good		Fair	
Speak							
Read							
Write							
Describe any spe	cialized tr	aining, appr	renticeship	, skills that are	applicable	to the jo	b you are applying fo
Other certificatio	ns/skills ı	equired by	position (	job) descriptio	on (list):		

Employment Experience: Start with your present or last position. Include any position-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer

Dates Employed

Work Performed

1. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary From To	
Position Title	Supervisor	
Reason for Leaving (If still employed, state reason for	seeking other employment.)	
2. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary From To	
Position Title	Supervisor	
Reason for Leaving		
3. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary From To	
Position Title	Supervisor	
Reason for Leaving		
4. Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary From To	
Position Title	Supervisor	
Reason for Leaving		•

tus:		held. You may exclude membership ancestry, disability or other protected
	state any additional information tach such to this application.	on you feel may be helpful to us in
erences.		
(Name)	Phone #	Email Address
(Address)		
(Name)	Phone #	Email Address
(Address)		
	Phone #	_ '' ^ ''
(Name)	THORS II	Email Address

Note: The following must be signed in order for this application to be considered.

## **Applicant's Statement**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In connection with my application for employment with the Town of Sumner, I hereby authorize the Town of Sumner and its designated agents to conduct a full investigation into my character, general reputation, personal characteristics, prior employment history and police report history in accordance with applicable law. I understand that I have the right to request disclosure of any investigative report prepared by an investigative agency in connection with this authorization within the time period provided by law, in the event the Town of Sumner would inform me that my application was denied or an offer of employment was withdrawn based upon information contained in the investigative report.

I hereby release the Town of Sumner, its officers, directors, employees or agents and any individuals, corporations or organizations who provide information to the Town of Sumner in connection with this authorization from any liability or claims for damages.

In the exert of employment. Lynderstand that false as misleading information given in my emplication or interview/s) may requit in

Signature of Applicant	quired to abide by all rules and regulations of the Emp Date	ioyer.
FOR DEPARTMENT USE ONLY Position Applied For Is Open:		
Notes:		-
		<del></del>