TOWN OF KINDER

Employment Application

		A	Applican	t Information					
Full Name:							Date:		
Last	st First					M.I.			
Address: Street	Address					Apartment	/Unit #		
City						State	ZIP Code		
Phone: ()			E-n	nail Address:		Desired			
Driver's License# Social Security No.:						Salary:	\$		
DOB:	Position Appl				Date A	Available:			
Are you a citizen c	f the United States?	YES TYES	NO NO	If no, are you at	uthorized	d to work in	n the U.S.?	YES	NO
Have you ever wo	rked for this company?			If so, when?					
Have you ever bee	en convicted of a felony?	YES	NO	Relative in our e	employ?		Yes	No	
If yes, explain:									
			Ed	ucation					
High School:			Address:						
_	To:			YES	NO	Degree:			
College:			Address:						
From:	To:	Did you gra	aduate?	YES	NO	Degree:			
Other:			Address:						
From:	To:	Did you gra	aduate?	YES	NO	Degree:			
Di l'ad			Ref	erences					
Please list three p	orofessional references.								
Full Name:				Relationship:					
Company:					Phor	ne:	()		
Address:									
Full Name:				Relationship:					
Company:					Phor	ne:	()		
Address:									
Full Name:				Relationship:					
Company:					Phor	ne:	()		
Address:									

		Previous Empl	oyment			
Company:			Phone:	: <u>(</u>)	
				Superviso	r:	
					Ending Salary:	\$
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact you	ır previous supervisor for a	reference?	YES	NO		
Company:			Phone:	: <u>(</u>)	
Address:				Superviso	r:	
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact you	ır previous supervisor for a	reference?	YES	NO		
Company:			Phone:	: <u>(</u>)	
Address:				Superviso	r:	
Job Title:		Starting Salary:	\$		Ending Salary:	\$
Responsibilities:						
From:	To:	Reason for Leaving:				
May we contact you	r previous supervisor for a	reference?	YES	NO		
	Nation to an	Notice and Ag		di Danani		
		plicants as required by t		•	_	
reputation, persona	oloyment process a routi al characteristics and mo ded upon written request	de of living. Additional	information			
employed, I agree understand that fall dismissal at any ti employers, motor or Town of Kinder has my legal right to widoes not indicate to	atements I have made in to familiarize myself pro- lsification or misrepresent me during my employm- vehicle records (if job resident in the second of the second in the second of the second in the	this application are trumptly with all Town of a trumptly with all Town of a trumptly with all Town of a trumptly with all trumptly and a tru	ie, accurate Kinder rules on I have pro who of Kind Ie) and law ation of such of Kinder. igate the To	and regulovided to er to seculon enforcement reports. I understown of Kir	ations and faithful the Town of Kinde ire and review repent agencies ackrown agree to submit pand that my filling to hire me.	ly abide by them. I er may be cause for ports from previous nowledging that the proof of my age and out this application further understand
Signature:					Date:	