

Employment Application

Applicant Information

Date: _____ Position(s) Applied For: _____

How did you learn about us? Ad Friend Walk-In Emp. Agency Relative Other (specify) _____

Full Name: _____ Marital Status: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Social Security No.: _____ Driver's License: _____

Family Information (For Insurance Coverage)

Spouse Full Name: _____ Date of Birth: _____
Last First Middle

Social Security No.: _____ Phone: _____ Employer: _____

Child 1 Full Name: _____
Last First Middle

Date of Birth: _____ Social Security No.: _____

Child 2 Full Name: _____
Last First Middle

Date of Birth: _____ Social Security No.: _____

Child 3 Full Name: _____
Last First Middle

Date of Birth: _____ Social Security No.: _____

(Attach extra pages if needed)

THE TOWN OF POLLOCK IS AN EQUAL OPPORTUNITY EMPLOYER

Date available to work: _____

If you are under 18 years of age, can you provide proof of your eligibility to work? YES NO

Are you a citizen of the United States? YES NO

If no, are you authorized to work in the U.S.? YES NO

Have you ever filed an application with the Town of Pollock before? YES NO

If yes, when? _____

Have you ever been employed with the Town of Pollock before? YES NO

If yes, when? _____

Are you currently employed? YES NO

If so, may we contact your present employer? YES NO

Are you available to work: Full Time Part Time

Are you currently on "lay-off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Can you be available if called out at night on weekends or holidays? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

By affixing my signature below, I DO GRANT permission to the Town of Pollock to perform a background check on me.

Signature of Applicant Date

Emergency Contact:

Name: _____

Phone Number: _____

Relationship: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Water / Wastewater
Certification Levels: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities: _____

Describe any job-related training received in the United States military: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience: _____

Specialized Skills

Check Skills / Equipment Operated:

- | | | | | |
|--|--|---|--|---|
| Calculator
<input type="checkbox"/> | Computer
<input type="checkbox"/> | Fax
<input type="checkbox"/> | Microsoft Office Suite
<input type="checkbox"/> | Multi-line Phone System
<input type="checkbox"/> |
| CDL
<input type="checkbox"/> | Tractor
<input type="checkbox"/> | Bush hog
<input type="checkbox"/> | Zero-turn Mower
<input type="checkbox"/> | Weed-eater
<input type="checkbox"/> |
| Backhoe
<input type="checkbox"/> | Street Sweeper
<input type="checkbox"/> | Truck
<input type="checkbox"/> | Truck w/Trailer
<input type="checkbox"/> | Lift 50 Pounds
<input type="checkbox"/> |
| SCADA
<input type="checkbox"/> | Pumps
<input type="checkbox"/> | Mechanical Valves
<input type="checkbox"/> | Solenoid Actuated Valves
<input type="checkbox"/> | DHH / DEQ Compliance
<input type="checkbox"/> |

State any additional information you feel may be helpful in considering your application: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? YES NO

References (No relatives)

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that this Application for Employment with the Town of Pollock is true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

In the event I am selected for hire with the Town of Pollock, I agree to submit to a drug screen as a condition of my employment.

Signature: _____ Date: _____