

**TOWN OF LOVELL
APPLICATION FOR EMPLOYMENT**

INSTRUCTIONS: Print in ink or type all answers.

1. NAME

2. ADDRESS

3. TELEPHONE

4. Position(s) applied for

5. Date you are available to begin work

6. Are you at least
seventeen (17) years
old?

7. Have you ever served
in the Armed Services?

8. Have you ever been convicted of
a felony?

9. General physical condition.

10. Describe any physical condition that could hinder you in the performance of the position for which you are applying.

11. EDUCATION

Name and Location of School

Elementary

High School

College

12. LIST ANY SPECIAL TRAINING (Short Courses, Workshops, Etc.) THAT YOU HAVE COMPLETED.

13. DO YOU HAVE a valid driver license?

14. DO YOU HAVE a commercial driver license (CDL)?

15. LIST other special skills. (Include typing/computer keyboarding)

16. REFERENCES: List name, address & phone number of three persons with knowledge of your character, experience and ability. Do not list relatives.

(Name)

(Telephone)

(Address)

(Name)

(Telephone)

(Address)

(Name)

(Telephone)

(Address)

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17. EMPLOYMENT RECORD Begin with present or most recent employer and continue for the past 15 years. Use additional sheets if necessary.

Employer Name		Telephone	
Address			
City, State, Zip			
Supervisor			
Dates Employed	to	Position	
Duties			
Reason for leaving			

Employer Name		Telephone	
Address			
City, State, Zip			
Supervisor			
Dates Employed	to	Position	
Duties			
Reason for leaving			

Employer Name		Telephone	
Address			
City, State, Zip			
Supervisor			
Dates Employed	to	Position	
Duties			
Reason for leaving			

Employer Name		Telephone	
Address			
City, State, Zip			
Supervisor			
Dates Employed	to	Position	
Duties			
Reason for leaving			

CERTIFICATION OF APPLICANT Read Carefully

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or I may be dismissed from service. I further authorize the Town of Lovell to make all necessary and appropriate investigations to verify the information contained herein.

DATE _____ SIGNATURE _____

The Town of Lovell is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or call (866) 632-9992 to request the form.