TOWN OF WINNSBORO
EMPLOYMENT APPLICATION

Federal law prohibits discrimination in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Town plans to verify the accuracy of the statements you make on this application.** This application will receive consideration for **sixty (60) days**. If you have not heard from the Town within sixty days and wish to receive further consideration for employment, you must reapply in person.

TODAY'S DATE: _____

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Are you 18 years or older? Yes _____ No _____ If no, list date of birth ____/____/____
(mo) (day) (year)

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Telephone Number _____

EDUCATION

Circle Highest Grade Completed:

6 7 8 9 10 11 12 — Junior High or High School

1 2 3 4 5 — College or University

1 2 3 4 — Graduate School

Type of School	Name of School	Location	Major Subject or Course of Study	Did you Graduate?
High School				
College				
Business or Trade School				
Correspondence School				
Other (Specify)				
Graduate School				

List Degree(s) Obtained

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT

Position Desired _____ Salary desired _____

Are you employed now? _____ If so, may we contact your present employer? _____

Have you ever applied here before? _____ When? _____

Have you ever worked for the Town before? _____ When? _____

Are you restricted to working only certain hours of the day? Yes _____ No _____ If yes, indicate the hours you are available _____

Are you restricted from working certain days of the week? Yes _____ No _____ If yes, indicate the days you are available M T W T F S S

When can you report for work? _____

Type of employment desired ( ) Full Time ( ) Part Time ( ) Co-Op ( ) Summer
( ) Regular Shift ( ) Alternate Shift

WORK EXPERIENCE

Period of Employment (Month/Year)	Name and Address of Company	Positions Held or Duties Performed	Rate of Pay
From:	Company:		Start:
	Street & No.		
To:			Final:
	City & State		
Name of Supervisor at time of separation: Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:			Final:
	City & State		
Name of Supervisor at time of separation: Reason for Leaving:			
From:	Company:		Start:
	Street & No.		
To:			Final:
	City & State		
Name of Supervisor at time of separation: Reason for Leaving:			

From:	Company:		Start:
	Street & No.		
To:			Final:
	City & State		

Name of Supervisor at time of separation:
Reason for Leaving:

CRIMINAL BACKGROUND

Have you ever pleaded guilty to, "no contest" to, or been convicted of a crime other than a minor traffic violation? Yes _____ No _____ If "yes" please state citation, date, and place where offense occurred. (A "yes" answer will not automatically disqualify you from consideration.) _____

_____

_____

DRIVING INFORMATION

Do you have a current driver's license? _____ Yes _____ No Class: _____

State: _____ Lic. No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? _____ Yes _____ No

If Yes, please explain circumstances: _____

Please list all moving traffic violations in the past five (5) years:

Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location

SPECIAL SKILLS

What knowledge, special training or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific machines or equipment that you can proficiently operate. _____

_____

_____

RELATIVES IN OUR EMPLOYMENT

Name	Relationship	Name	Relationship

REFERENCES

Give three references who are not relatives or former employers.

Name	Occupation	Years Known	Phone	Address

AFFIDAVIT

I authorize, without liability, investigation of all statements in this application. I authorize all schools which I attended and all previous employers to furnish to the Town my record, reason for leaving and all information they may have concerning me, and I hereby release them and the Town from all liability for any damage whatsoever arising wherefrom.

I understand that the Town may investigate my driving record, criminal record, and credit history. I understand I may be notified if such an investigative report is obtained and that I will have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of the investigation.

Following an offer of employment, and, as a continuing condition of employment should I be hired, the Town may require that I submit to a medical examination. The Town also reserves the right to require me to undergo drug testing prior to employment or at any time during my employment, to the extent permitted by law.

I understand that in event of my employment by the Town, it shall be sufficient cause for dismissal if any of the information I have given in this application is false, misstated, or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In event of my employment by the Town, I agree to abide by all present and subsequently issued rules of the Town.

I understand and agree that, if hired, my employment is "at will." This means that either I or the Town may end the employment relationship at any time and for any or no reason.

Signature _____

Date _____

Winnsboro
Background Check Release

I understand that the background check *requires* my full name, social security number, and date of birth. I authorize De Van & Associates to perform a background check and/or credit check. I release and hold harmless those parties supplying such information from all liability or responsibility with respect to the information provided.

I certify that the entries made by me on this form are true, complete and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for consideration or will be sufficient grounds for termination.
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_____	_____
Print Name	Date
_____	_____
Sign Name	Date of Birth
_____	_____
Social Security Number	Driver's License #: (State)