

APPLICATION FOR EMPLOYMENT – TOWN OF WATERLOO

PERSONAL INFORMATION

LAST NAME	FIRST NAME	SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	REFERRED BY		
ARE YOU 18 OR OLDER? YES _____ NO _____			
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES _____ NO _____			

POSITION INFORMATION

NAME OF POSITION	AVAILABLE START DATE	DESIRED SALARY
ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____		
MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES _____ NO _____		
HAVE YOU PREVIOUSLY APPLIED FOR A JOB WITH THE TOWN OF WATERLOO? YES _____ NO _____		
WHEN?		

EDUCATIONAL HISTORY

NAME & LOCATION OF SCHOOL	YEAR GRADUATED	SUBJECTS MASTERED /DEGREE EARNED
ELEMENTARY		
HIGH SCHOOL		
COLLEGE/UNIVERSITY		
TRADE OR BUSINESS SCHOOL		

GENERAL INFORMATION

AREAS OF SPECIAL STUDY/RESEARCH OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY SERVICE	RANK

FORMER EMPLOYERS (LAST FOUR EMPLOYERS, BEGINNING WITH MOST RECENT)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	PHONE NO.	POSITION	REASON FOR LEAVING
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				
FROM:				
TO:				

REFERENCES (THREE PERSONS UNRELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	PHONE NO.	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the town from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the town has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized town representative.

I understand that if a conditional offer for employment is made a pre-employment physical and/or drug screen may be required.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE _____ **DATE** _____