Date: _____

TOWN OF BURKE
APPLICATION FOR EMPLOYMENT

Applicant Instructions:

Should you need assistance in filling out this application or during any phase of the employment process, please notify the person that gave you this form and we shall make every reasonable effort to accommodate your need.

1. Complete the entire application; do not leave any blanks.
2. If additional space is needed to complete a question, you may attach additional materials.
3. It is important that you print clearly; incomplete or illegible applications will not be processed.
4. While you may attach a resume, you are required to complete an application in order to be considered an applicant for employment.

Applicant Note – please read:

This application is intended for use in evaluating qualifications for employment. This is not an employment contract. Answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without consideration of race, color, creed, religion, sex, sexual preference, national origin, marital status, age, veteran status or the presence of disabilities. The Town of Burke is an equal opportunity employer.

Applicant Information:

Applicant's full name (last, first, middle):			
Present street address:	City:	State:	ZIP Code:
E-mail address:	Phone number: Day: ( ) Evening: ( )		
Position applying for:	Employment category: ◯ Full Time ◯ Part Time ◯ Temporary	Earliest date available to work:	

Are you able to perform the requirements of this position with or without reasonable accommodation? ◯ Yes ◯ No

Have you read the position description or had the requirements of this position explained to you? ◯ Yes ◯ No

Do you understand the requirements of the position for which you are applying? ◯ Yes ◯ No

Are you or have you ever been employed by the Town of Burke? ◯ Yes ◯ No If yes, list dates:

Do you currently have relatives employed by the Town of Burke? ◯ Yes ◯ No If yes, specify:

Job-related Skills/Licenses:

Do you possess a valid driver's license? ◯ Yes ◯ No	Type of driver's license:	State license was issued:
List moving violations within the last five years:		
List any skills, licenses or certifications that would be of value in this position:		

Education:

High School:	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:
Vocational/Technical:	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:
College (Undergraduate):	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:
College (Graduate):	Major/Course of Study:	Name of School:	City/State:	Degree Obtained:

Previous Employment: Since we will be making every effort to contact previous employers, correct contact information is critical.

Employer/Company:	City/State:	Job title:
Supervisor's Name:	Supervisor contact information: Phone: E-Mail:	
Dates of employment: From: To:	Rate of Pay: $ per	May we contact this employer? Yes No
Reason for leaving:	Duties:	

Employer/Company:	City/State:	Job title:
Supervisor's Name:	Supervisor contact information: Phone: E-Mail:	
Dates of employment: From: To:	Rate of Pay: $ per	May we contact this employer? Yes No
Reason for leaving:	Duties:	

Employer/Company:	City/State:	Job title:
Supervisor's Name:	Supervisor contact information: Phone: E-Mail:	
Dates of employment: From: To:	Rate of Pay: $ per	May we contact this employer? Yes No
Reason for leaving:	Duties:	

References: Include only individuals familiar with your work ability (Do NOT include relatives)

Name:	Title/Occupation:	Relationship:	Phone number:	E-mail:

Security:

Have you used any names other than the one given on this application? Yes No If yes, please list:
Are there pending criminal charges against you, or have you ever plead guilty to or been convicted of any crime? Yes No **IF YES:** On an additional sheet of paper, provide details related to pending charges, pleas or convictions including, but not limited to, date of the incident, plea or conviction, factual circumstances of incident, and specific violations. Pending charges, guilty pleas or convictions will not automatically disqualify the applicant from employment unless charges or convictions substantially relate to the job applied for.

Certification and Release:

I certify that I have read and understand the applicant note on this form and that answers given by me to the foregoing questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the Town of Burke and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. If Town policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

Signature: ____ Date: ________________________