



APPLICATION FOR EMPLOYMENT

The Town of Weston is an Affirmative Action/Equal Opportunity Employer

The Town of Weston ("Town") considers applicants for all positions without regard to race, color, religion, age, creed, sex, marital status, pregnancy, sexual orientation, citizenship status, the presence of non-job-related medical conditions or disabilities, veteran status, or any other legally protected class.

Instructions: Please complete this application form in its entirety, including specific dates where requested. Failure to provide all required information may result in your application being disapproved. A resume may be attached but is not a substitute for completing the application form in its entirety. Please print or type your responses.

Date of Application:

Position:

PERSONAL INFORMATION

Last Name	First Name	Middle Name or Initial		
Address Number	Street	City	State	Zip Code
Home Phone #:		Cell Phone #:		
Email Address:				
Best time of day to contact you:				

AVAILABILITY

Check all that apply:

Schedule: Full-Time Part-Time - please circle: Mornings Afternoons Evenings
 Seasonal - Indicate dates available: from ___/___/___ to ___/___/___
 Other (explain) _____

Workdays: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

TOWN OF WESTON EMPLOYMENT HISTORY

Are you currently employed by the Town? Yes No If yes, state current position and Department:

Have you previously worked for the Town? Yes No If yes, state the following:

- Dates of prior Town employment:

- Position held at time of employment separation:

- Reason(s) for separation from Town employment:

EDUCATION HISTORY

Education Level Completed:

- Less than high school High school or equivalent (GED) Technical School
 Some College 2-year College 4-year College Graduate School

High School Information:

High School (name):

City/State:

College Information (list all schools attended):

College attended (name):

City/State:

Major(s):

Degree(s) earned:

Graduate School Information (list all schools attended):

College attended (name):

City/State:

Course of Study:

Degree(s) earned:

Other School/Training (list all schools/programs attended):

School/Program attended (name):

City/State:

Course of Study:

Degree(s)/Certificate(s) earned:

(Attach additional sheets if you attended more schools or received additional degrees or certificates)

EMPLOYMENT HISTORY

Instructions: List all employment positions held by you over the last fifteen years. Begin with your current/most recent position. List all positions separately, even if with the same employer. For each position listed, provide all information requested. If you need additional space to complete your response then attach additional sheets.

1. Employer (Name/City/State):

Employer Phone #:

Position/Job Title:

Start Date: End Date:

Full-Time Part-Time Per diem Number of hours worked per week: _____

Name & Job Title of Immediate Supervisor:

If still employed, may the Town contact your present employer? Yes No

Please list all major duties and responsibilities performed by you in this job:

Reason for Leaving:

2. Employer (Name/City/State):

Employer Phone #:

Position/Job Title:

Start Date: End Date:

Full-Time Part-Time Per diem Number of hours worked per week: _____

Name & Job Title of Immediate Supervisor:

If still employed, may the Town contact your present employer? Yes No

Please list all major duties and responsibilities performed by you in this job:

Reason for Leaving:

3. Employer (Name/City/State):

Employer Phone #:

Position/Job Title:

Start Date:

End Date:

Full-Time Part-Time Per diem Number of hours worked per week: _____

Name & Job Title of Immediate Supervisor:

If still employed, may the Town contact your present employer? Yes No

Please list all major duties and responsibilities performed by you in this job:

Reason for Leaving:

4. Employer (Name/City/State):

Employer Phone #:

Position/Job Title:

Start Date:

End Date:

Full-Time Part-Time Per diem Number of hours worked per week: _____

Name & Job Title of Immediate Supervisor:

If still employed, may the Town contact your present employer? Yes No

Please list all major duties and responsibilities performed by you in this job:

Reason for Leaving:

5. Employer (Name/City/State):

Employer Phone #:

Position/Job Title:

Start Date:

End Date:

Full-Time Part-Time Per diem Number of hours worked per week: _____

Name & Job Title of Immediate Supervisor:

If still employed, may the Town contact your present employer? Yes No

Please list all major duties and responsibilities performed by you in this job:

Reason for Leaving:

6. Employer (Name/City/State):

Employer Phone #:

Position/Job Title:

Start Date:

End Date:

Full-Time Part-Time Per diem Number of hours worked per week: _____

Name & Job Title of Immediate Supervisor:

If still employed, may the Town contact your present employer? Yes No

Please list all major duties and responsibilities performed by you in this job:

Reason for Leaving:

SPECIALIZED SKILLS

Instructions: Check skills/equipment that you are able to operate. Attach additional sheets if necessary.

PC/Mac Typewriter Word Processing (*e.g.*, Microsoft Word)

Spreadsheet (*e.g.*, Microsoft Excel) Other: _____

List any machinery or equipment that you are able to operate:

List additional information about your skills that may be helpful to the Town in considering your application:

REQUIRED LICENSES, CERTIFICATIONS, OR OTHER QUALIFICATIONS

Do you currently have a valid Motor Vehicle Driver’s License? Yes No State: _____

Do you currently have a valid Commercial Driver’s License (CDL)? Yes No

If you answered “Yes” to the previous question, check all that apply:

Class A Class B Class C CDL License #: _____

Do you have any valid licenses or certificates which authorize you to practice a profession or trade?
(*e.g.*, law, nursing, psychology, plumbing, etc.) Yes No

List all professional licenses/certifications currently held:
(Use additional sheets if you require additional space to complete your response.)

Type of License/Certification: _____	License/Cert. #: _____
Issued By: _____	Date Issued: _____ Expiration Date: _____

Type of License/Certification: _____	License/Cert. #: _____
Issued By: _____	Date Issued: _____ Expiration Date: _____

Type of License/Certification: _____	License/Cert. #: _____
Issued By: _____	Date Issued: _____ Expiration Date: _____

REFERENCES

Identify three **professional** references the Town may contact in connection with your employment application.

Name: _____	Title: _____
Business/Co. Name: _____	Telephone: _____
Address: _____	
Street	City State
Relationship to you (e.g., co-worker, supervisor, etc.): _____	
How many years? _____	
Are they still employed with the company/business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name: _____	Title: _____
Business/Co. Name: _____	Telephone: _____
Address: _____	
Street	City State
Relationship to you (e.g., co-worker, supervisor, etc.): _____	
How many years? _____	
Are they still employed with the company/business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name: _____ Title: _____

Business/Co. Name: _____ Telephone: _____

Address: _____
Street City State

Relationship to you (e.g., co-worker, supervisor, etc.): _____

How many years? _____

Are they still employed with the company/business? Yes No

TERMS AND AGREEMENTS

By signing my name on the signature line below, I am certifying:

- That the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge, are made in good faith, and are subject to verification as a condition of employment. I understand that intentional falsification of my application materials may result in disqualification of my candidacy or termination of employment;
- That I understand and acknowledge that if offered employment with the Town of Weston, my employment may be subject to and conditioned on my taking and passing a pre-employment physical examination, pre-employment drug screening test and/or a pre-employment background check (e.g., criminal history, education verification, driving history, credit history) (requirements may vary depending on the position);
- That, if I am under the age of 18, I understand and acknowledge that if offered employment with the Town of Weston, my employment is subject to and conditioned on my providing such work permits, or other proof of eligibility to work that is or may be required by law;
- That I understand and acknowledge that, in compliance with federal law, all persons hired for employment with the Town of Weston will be required to verify identity and eligibility to work in the United States and to complete required employment eligibility verification forms upon hire.

I agree to these terms.

I do not agree to these terms.

Signature

Date