

TOWN OF GRAFTON Job Application

Please note: It is important that you submit a resume with all the information requested in this form OR complete all parts of this application. If your resume or this application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

Name and Address		
Name (First, Middle Initial, Last)	Social Security Number	
Mailing Address		
City	State	Zip Code
Date of Birth	Phone Number	Email Address
Additional Information		
Have you ever been employed by this organization in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment for any crime, felony, or misdemeanor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past 10 years has your driver's license been suspended for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the past 10 years have you been cited for violation of any traffic laws, rules, regulations, or ordinances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of those questions, please explain:		
Do you have a driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driver's license number:	Issued in what state?	
Do you have a Commercial Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: <input type="checkbox"/> Class A <input type="checkbox"/> Class B Any restrictions? Please explain:	Driver's license number:	Issued in what state?

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Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Military				
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered:	
Are you now a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date:	
Specialty:				

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Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

Company	Name of last supervisor	Hours worked per week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

May we contact this employer? Yes No

Company	Name of last supervisor	Hours worked per week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

May we contact this employer? Yes No

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Work Experience (continued)		
Company	Name of last supervisor	Hours worked per week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
References		
<i>Please include name, phone number, and circumstances of your acquaintance. Exclude relatives.</i>		
1.		
2.		
3.		
<i>I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.</i>		
Signature	Date	