

TOWN OF WOODSTOCK

Employment Application

Please TYPE or PRINT clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such.

The Town of Woodstock considers all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, veteran status, sexual orientation, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Town Supervisor. This application for employment will be considered active for a limited period of time not to exceed three months. Any applicant wishing to be considered for employment beyond this time period should reapply by completing another employment application.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		E-Mail Address		
	Address		Phone Number		
	City		State	Zip	
	Position Applied For		Salary or Hourly Wage Desired		
	Are You Available to Work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available For Work		
	How were you referred to the Town of Woodstock? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in				
	<input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____				
	Are you currently employed? If yes, may we contact your employer to obtain employment information?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Have you ever filed an application or interviewed for employment with the Town of Woodstock? If yes, give month and year _____ / _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been employed with the Town of Woodstock before? If yes, give dates From _____ / _____ / _____ To _____ / _____ / _____					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
If you are under 18 years of age, can you provide required proof of your eligibility to work?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed (do not give dates)	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

SKILLS	Typing Speed:	WPM	Data Entry:	# Numeric Keystrokes/Hour	# Alpha Keystrokes/Hour
	Computer Skills:				
	List certificates, licenses (<i>including driver license or CDL endorsement</i>) or professional achievements that would support your qualifications for employment:		List any additional skills, technical or professional knowledge that you feel would support your application:		
	If you are applying for a position which requires a Commercial Driver License, provide Driver License Number here:				

List your previous four employers whether or not they seem relevant to the position for which you are applying.

Present or Last Employer					
Name of Employer		Phone Number			
Address		City	State	Zip	
Employment Dates (Month/Year)			Salary		
Title of Position			Name and Title of Supervisor		
Description of duties, responsibilities, and requisite skills					

Reason for leaving					

Next Previous Employer					
Name of Employer		Phone Number			
Address		City	State	Zip	
Employment Dates (Month/Year)			Salary		
Title of Position			Name and Title of Supervisor		
Description of duties, responsibilities, and requisite skills					

Reason for leaving					

Next Previous Employer					
Name of Employer		Phone Number			
Address		City	State	Zip	
Employment Dates (Month/Year)			Salary		
Title of Position			Name and Title of Supervisor		
Description of duties, responsibilities, and requisite skills					

Reason for leaving					

Next Previous Employer

Name of Employer	Phone Number		
Address	City	State	Zip
Employment Dates (Month/Year)	Salary		
Title of Position	Name and Title of Supervisor		
Description of duties, responsibilities, and requisite skills			
Reason for leaving			

U.S. MILITARY HISTORY

<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives or former supervisors; list three)

Name/Occupation	Phone Number			
Address	City	State	Zip	Years Known
Name/Occupation	Phone Number			
Address	City	State	Zip	Years Known
Name/Occupation	Phone Number			
Address	City	State	Zip	Years Known

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or, if hired, termination of employment. I authorize investigation of any information provided on this application form and understand that the Town of Woodstock may conduct a background and consumer credit check. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the Town of Woodstock, a pre-employment controlled substance test will be required and must be passed.

Date: _____ Signature of Applicant: _____