



TOWN OF ALBION

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available to Start		Drivers License Number		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		
Full Name		Relationship
Company		Phone ()
Address		

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EMPLOYMENT – STARTING WITH CURRENT EMPLOYER FIRST			
Company	Phone	()	
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your current supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company	Phone	()	
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company	Phone	()	
Address	Supervisor		
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

SKILLS AND QUALIFICATIONS (LICENSES, SKILLS, TRAINING, AWARDS, ETC.)	

AUTHORIZATION AND UNDERSTANDING	
<p>Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history, credit history or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may be subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the Town of Albion and I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the Town of Albion as they are from time-to-time changed with our without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I agree that these arrangements may only be altered in writing directed to me personally by the Albion Town Manager. I further agree that if I should bring any action or claim arising out of my employment against the Town of Albion in which the Town of Albion prevails, I will pay to the Town of Albion any and all costs incurred by the Town of Albion in defense of said claims or actions, including attorney’s fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.</p>	
Applicants Signature	Date