



TOWN OF SUPERIOR

Employment Application

APPLICANT INFORMATION

Last Name:		First:		M:	Date:
Street Address:				Apartment#:	
City:		State:		Zip:	
Phone:		E-Mail Address:			
Date Available:		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 yes, 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:			

PREVIOUS EMPLOYMENT

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"/>		
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"/>		

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date: