



## TOWN OF LA POINTE APPLICATION FOR EMPLOYMENT

We consider applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status.

TOWN OF LA POINTE IS AN EQUAL OPPORTUNITY EMPLOYER

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**(Please Print)**

Position Applied For:

Date of Application

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### PERSONAL DATA

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Last Name

First Name

Middle Name

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Address

City

State

Zip Code

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Phone

email

1. Is there any other name you have been known by that would be required to adequately check your past employment and/or educational history? If so, please indicate:  
\_\_\_\_\_
2. Have you ever filed an application with us before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give date \_\_\_\_\_
3. Have you ever been employed with us before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, give date \_\_\_\_\_
4. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_
5. May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Can you furnish proof of citizenship or immigration status prior to employment. Yes \_\_\_\_\_ No \_\_\_\_\_
7. Have you ever had any job-related training in the United States military? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
8. Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify an applicant from employment and will only be considered in relation to specific job requirements).  
Yes \_\_\_\_\_ No \_\_\_\_\_

10. Do you have any criminal charges pending, other than minor traffic violations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

(Pending criminal charges are not an automatic bar to employment and will only be considered in relation to specific job requirements). If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

11. Do you presently have a valid drivers license ?  
License information Yes \_\_\_\_\_ No \_\_\_\_\_  
State \_\_\_\_\_ Class \_\_\_\_\_

12. Do you have a high school diploma or a GED equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Do you have any post-secondary education? Yes \_\_\_\_\_ No \_\_\_\_\_

What colleges or technical schools did you attend?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Field of Study \_\_\_\_\_

Degrees or certificates ? \_\_\_\_\_

14. Please list any organizations to which you belonged to which are relevant to this position

15. Please list volunteer projects, awards, or commendations.

**WORK EXPERIENCE:** Provide a brief description. This information will be use to determine if your application is accepted. Be specific. Start with your most recent job. **BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES.** For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

Employer	Kind of Business	Location (Numbered Street)	
Your Title	Reason for Leaving	Location (City, State, Zip)	
Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

Employer	Kind of Business	Location (Numbered Street)	
Your Title	Reason for Leaving	Location (City, State, Zip)	
Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

Employer	Kind of Business	Location (Numbered Street)	
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Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

Employer	Kind of Business	Location (Numbered Street)	
Your Title	Reason for Leaving	Location (City, State, Zip)	
Your Duties:		Name of Supervisor:	
		Total Time Employed: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
		From (Month & Year)	To (Month & Year)
		<input type="checkbox"/> Monthly Salary <input type="checkbox"/> Hourly Salary	Beginning: \$ Ending: \$

REFERENCES		
Name	Address	Phone

**SIGNATURE:** \_\_\_\_\_

**AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH TOWN OF LA POINTE**

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am hired and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated because of false, incomplete or misleading statements, answers, or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities, or persons to give to the Town of La Pointe any information requested regarding my employment, character, experience, and qualifications and/or suitability for employment with the Town of La Pointe including a check of my police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

Signature \_\_\_\_\_ Date \_\_\_\_\_