



**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

**(Please Print)**

Position Applied For:

Date of Application

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL DATA**

Last Name

First Name

Middle Name

Address

City

State

Zip Code

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  
State \_\_\_\_\_ Class \_\_\_\_\_  
Yes  No

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)	
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)
		Check one: <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 \_\_\_\_\_