

# TOWN OF FREEDOM EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last
First
Middle

Present Address: \_\_\_\_\_  
Number
Street
City
State
Zip

How long at current address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Are you under 18 \_\_\_ Yes \_\_\_ No, if "Yes", can you provide proof of eligibility to Work? \_\_\_ Yes \_\_\_ No

Are you currently authorized to work in the United States? \_\_\_ Yes \_\_\_ No Proof of eligibility will be required if hired.

Position applied for: \_\_\_\_\_

Wage desired: \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

Employment desired: \_\_\_ Full-time Only      \_\_\_ Part-time Only      \_\_\_ Temporary

When are you available to start work? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ Yes \_\_\_ No (A Conviction record will not necessarily disqualify you from employment.) If yes please specify \_\_\_\_\_

Have you ever been in the Armed Forces? \_\_\_ Yes \_\_\_ No

Are you now a member of the Armed Forces? \_\_\_ Yes \_\_\_ No

Specialty: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of School	Name of School	Location	Number of Years Completed	Major & Degree
High School				
College				
Business/Trade School				
Professional School				

**Work Experience**

Please list your work experience from the beginning with most recent job held.  
If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Pay or Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Your last job title: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

**References: Other than previous employers**

Name	Address	Phone Number E-mail if available

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**PLEASE READ CAREFULLY**

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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Applicants Signature

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Date