



TOWN OF FREDERICA Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Do you have a valid driver's license YES NO State of issue

What is your means of transportation to work? License # Expiration Date
Have you had any accidents or moving violations during the past 3 years? YES NO Explain:

Education

High School: Address: YES NO
From: To: Did you graduate? Degree:

College: Address: YES NO
From: To: Did you graduate? Degree:

Other: Address: YES NO
From: To: Did you graduate? Degree:

Business/ Trade School: Address: YES NO
From: To: Did you graduate? Certification:

References

Please list three professional references.

Full Name: Relationship: Phone: ()
Company: ()

Address: _____

Full Name: Relationship: Phone: ()
Company: ()

Address: _____

Full Name: Relationship: Phone: ()
Company: ()

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 NO

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 NO

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 NO

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: _____