

# PERSONAL INFORMATION

Name (Last)	(First)		(Middle)
Addross			
Address (Street)	(City)	(State)	(Zip)
Previous Addresses within the last 1	LO years:		
(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)
(Street)	(City)	(State)	(Zip)
Daytime Phone No	Alternative Ph	none No	
mail Address			
What is the best way to contact you	1?		
Social Security Number		_	
Driver's License Number	State E	Expiration Date	
Are you a citizen of the United State	es? 🗆 Yes 🗆 No		
Military Status			

# JOB INTEREST

Position(s) applied for	Salary Desired
How did you hear about this job (Social media, Auburnguide, N	ewspaper, etc.)?
Type of employment requested: $\Box$ Full Time $\Box$ Part Time	☐Temporary ☐ Seasonal
Have you applied for a position here before? $\ \square$ Yes $\ \square$ No	If yes, when?
	If yes, for what job?
Do any family members currently work for the Town of Auburn	? □ Yes □ No
If so, who?	
Date you can begin working	
EDUCATION & SKILLS	
Please rate your proficiency with the following if applying for a	n office or administrative position:
Microsoft Office	
Excel	
Outlook $\Box$ Limited $\Box$ Intermediate $\Box$ Proficient	
Word □ Limited □ Intermediate □ Proficient	
PowerPoint	
Publisher ☐ Limited ☐ Intermediate ☐ Proficient	
Summarize any other special skills or qualifications:	
Please list any Certifications, Honors or Trainings that pertain to	o the position you are applying for:

### **EDUCATION**

Name of School / University  School Address City		Degree / Diploma		
		City	State/Zip	Phone#
	Name of School / Unive	ersity	Deg	ree / Diploma
School Address		City	State/Zip	Phone#
	Name of School / Unive	ersity	Deg	ree / Diploma
School Address		City	State/Zip	Phone#
Name of School / University		Deg	ree / Diploma	
School Address		City	State/Zip	Phone#

# EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

Address				
(Street)	(City)	(State)	(Zip)	
Position Held				
Supervisor Name and Title				
Employed: From	To			
Mc	onth/ Year N	lonth/Year		
Work Performed:				
Reason for leaving (Excludi	ng Medical):			
	yer?  Yes			
viav we contact this emplo	ivei: 🗆 165 🗆	INO		
,				
2. Name of Employer				
2. Name of Employer				
2. Name of Employer Address (Street)	(City)	(State)	(Zip)	
2. Name of Employer Address (Street) Position Held	(City)	(State)	(Zip)	
2. Name of Employer Address (Street) Position Held Supervisor Name and Title	(City)	(State)	(Zip)	
Address (Street)  Position Held Supervisor Name and Title Employed: From	(City)	(State)	(Zip)	
Address Street)  Position Held Supervisor Name and Title Employed: From	(City)	(State)	(Zip)	
Address Street)  Position Held Supervisor Name and Title Employed: From	(City)	(State)	(Zip)	
Address (Street)  Position Held Supervisor Name and Title Employed: From	(City)	(State)	(Zip)	
Address (Street)  Position Held Supervisor Name and Title Employed: From	(City)	(State)	(Zip)	
Address (Street)  Position Held Supervisor Name and Title Employed: From	(City)	(State)	(Zip)	

<b>3.</b> Name of Employer _ Address					
(Street)		(City)		(Zip)	
Position Held					
Supervisor Name and T	itle				
Employed: From	Month/ Year				
Work Performed:					
Reason for leaving (Exc	luding Medica	l):			
May we contact this en		Yes	□ No		

REFERENCES:
\*Please include at least two professional references

Name:		
(Last)	(First)	(Middle)
Relationship:		
Home Phone:	Daytime Phone:	<del>-</del>
Email Address:		
Best time to contact:		
Best way to contact: ☐ Email ☐ Phone		
Name:		
(Last)	(First)	(Middle)
Relationship:		
Home Phone:	Daytime Phone:	
Email Address:		
Best time to contact:		
Best way to contact: ☐ Email ☐ Phone		
Name:		
(Last)	(First)	(Middle)
Relationship:		
Home Phone:	Daytime Phone:	
Email Address:		
Best time to contact:		
Best way to contact: ☐ Email ☐ Phone		

### ACKNOWLEDGEME<u>NT</u>

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether intentional or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the Town to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the abovementioned references from any and all liability for any damages that may result from information collected by the Town. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature	Date
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#### PLEASE ATTACH THE FOLLOWING:

- Cover letter
- Resume
- Copy of College Transcript (if applicable)
- Copy of any certifications / licensure (if applicable)
- Recommendation Letters (Optional)