



TOWN OF SARATOGA
APPLICATION FOR EMPLOYMENT
STATE POLICY EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____

P.O. BOX _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ e-mail Address: _____

POSITION DESIRED: _____

WHAT IS THE MINIMUM SALARY OR RATE OF PAY THAT YOU EXPECT TO RECEIVE? \$ _____ per _____

WHAT IS THE EARLIEST DATE YOU WOULD BE AVAILABLE TO START WORK? _____

ARE YOU PRESENTLY EMPLOYED? _____ if so, can we inquire of your employer? _____

EMPLOYER: _____ PHONE NUMBER: _____

HAVE YOU EVER APPLIED TO THE TOWN OF SARATOGA BEFORE: _____

WHEN: _____ WHERE: _____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF SARATOGA: YES _____ NO: _____

WHEN: _____

WHAT DEPARTMENT: _____

REASON FOR LEAVING: _____

EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL? _____ If not, When will you graduate? _____

WHERE: _____ WHEN: _____

IF NOT, DO YOU HAVE G.E.D. OR EQUIVALENT? _____

HAVE YOU ATTENDED COLLEGE? YES: _____ NO: _____ IF YES PLEASE STATE WHERE AND WHEN

WHERE: _____ WHEN: _____

DID YOU GRADUATE: YES: _____ NO: _____

DEGREE: _____

 Have you ever been convicted or charged with a felony or misdemeanor? Yes No If yes, please explain details in full, including dates, details of the offense(s) charged, jurisdiction and disposition of the case. _____

 Please explain any special skills or qualifications that apply to the position _____

REFERENCES

Please give the names of three persons NOT related to you, who you have known at least one year

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>Telephone Number</u>	<u>Years Acquainted</u>

**INFORMATION ABOUT FORMER EMPLOYERS:
 PLEASE PROVIDE THE NAMES AND ADDRESSES OF EMPLOYERS FOR THE PAST EIGHT YEARS
 PLEASE INCLUDE DATES OF EMPLOYMENT, SALARY, POSITION AND REASON FOR LEAVING**

(1) FROM: _____ TO: _____
 NAME: _____
 ADDRESS: _____
 BUSINESS: _____
 Telephone Number: _____

(1) FROM: _____ TO: _____
 NAME: _____
 ADDRESS: _____
 BUSINESS: _____
 Telephone Number: _____

(1) FROM: _____ TO: _____
 NAME: _____
 ADDRESS: _____
 BUSINESS: _____
 Telephone Number: _____

(1) FROM: _____ TO: _____
 NAME: _____
 ADDRESS: _____
 BUSINESS: _____
 Telephone Number: _____

(1) FROM: _____ TO: _____
 NAME: _____
 ADDRESS: _____
 BUSINESS: _____
 Telephone Number: _____

(1) FROM: _____ TO: _____
 NAME: _____
 ADDRESS: _____
 BUSINESS: _____
 Telephone Number: _____

POOL APPLICANTS

LIFEGUARDING APPLICANTS: Please answer Yes or No. If yes, please explain.

Certifications: Lifeguard _____

First Aid: _____

CPR: _____ AED: _____

Other: _____

I certify that the above answers are true and correct to the best of my knowledge, I authorize THE TOWN OF SARATOGA to investigate any statement made in this application. I understand that this application is not and is not intended to be a contract or any kind of agreement. In the event of employment, I understand that any false or misleading information given on my application, correspondence, discussions or interviews may result in immediate termination. I understand also, that I am required to abide by all rules and regulations and polices of the Town of Saratoga.

APPLICANTS SIGNATURE: _____ **DATE:** _____

Please provide any other information that you feel will help us in considering your application _____

INTERVIEWED BY: _____ **DATE:** _____

INTERVIEWED BY: _____ **DATE:** _____

INTERVIEWED BY: _____ **DATE:** _____

REMARKS: _____

NEATNESS: _____ **PERSONALITY:** _____

CHARACTER: _____ **ABILITY:** _____

HIRED: _____ **DEPARTMENT:** _____ **POSITION:** _____

DATE TO START: _____ **SALARY/WAGE:** _____

ADDITIONAL REMARKS:

