



# Town of Avon

## Application for Employment

Return to Human Resources

(PLEASE PRINT)

Date of Application \_\_\_\_\_

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

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ U.S. Citizen- Yes  No   
Area Code

Have you ever worked for the City? (If yes, where and when): \_\_\_\_\_

When available to work: \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Temporary \_\_\_\_\_ Permanent \_\_\_\_\_  
Seasonal \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

By whom were you referred? \_\_\_\_\_

If related to anyone employed by Avon, list name and department: \_\_\_\_\_

Salary requirements: \_\_\_\_\_ Are you at least 18 years of age? Yes  No

### EDUCATION:

School	Name & Location	Years Completed	Last Year Attended	Diploma or Degree	Major Courses
Elementary					
High					
College					

Special Training or Skills/Graduate School: \_\_\_\_\_

### EMPLOYMENT EXPERIENCE

Start with your present or last job

Company: _____	Address: _____
City: _____	State: _____ Zip: _____ Phone: _____
Supervisor: _____	Reason for Leaving: _____
<b>Dates Employed:</b> From: _____ To: _____	Hourly/Salary Rate: Starting: _____ Final: _____
Position Starting: _____	Position at Termination: _____

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly/Salary Rate: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
 Position Starting: \_\_\_\_\_ Position at Termination: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**Dates Employed:** From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly/Salary Rate: Starting: \_\_\_\_\_ Final: \_\_\_\_\_  
 Position Starting: \_\_\_\_\_ Position at Termination: \_\_\_\_\_

**U.S. MILITARY**

Years in Service: From:            To:	Branch:	Rank:	Type of Discharge:
Status:	Reserve Status:	Active or Inactive:	

In the event of an emergency who would you wish to be notified? (Name, Address, Phone Number):

\_\_\_\_\_

**Business/Personal References:**

Give name, address, and telephone number of three (3) references (who are not related to you)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Read Carefully Before Signing:**

I authorize investigation by the Town of Avon of all statements contained in this application and hereby release those individuals and corporations who are parties thereto from any and all liability and damage resulting from or arising out of such investigation.

I consent to taking a pre-employment physical examination, including a drug screen and such future physical examinations as may be required by the Town of Avon.

I understand that any misrepresentation or omission of essential facts in this application is cause for cancellation of the application or if employed, for immediate separation from the Town of Avon's service.

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