

# Town of Plantersville



## EMPLOYMENT APPLICATION

_____ Last Name		_____ First		_____ Middle		_____ Maiden	
_____ Present Street Address				_____ Mailing Address if Different			
_____ City		_____ State		_____ Zip Code		_____ Home Phone	
						_____ Cell Phone	
Date of Birth _____							
Position Applying For: _____				<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time	
Driver's License Number: _____				State: _____		Expiration Date: _____	

## EDUCATIONAL BACKGROUND

Do you have a high school Diploma? _____				Circle Highest School Year Completed					
Do you have a GED Certificate? _____				1 2 3 4 5 6 7 8 9 10 11 12 College _____					
Date Received: _____									
Name of College, University or Technical School(s) Attended		Dates Attended		Did you Graduate		Type Degree & Date Received		GPA	
_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____	

List any Skills, Training, License and/or Certificates that may qualify you for the Position:

\_\_\_\_\_

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Identify machines or equipment you can operate: \_\_\_\_\_

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### EXPERIENCE

Start with your present or last job and work back. May your present employer be contacted: ☐ Yes ☐ No

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Starting Date:	Ending Date:	Name and Complete Address of Employer/Company:
Mo.____Yr.____	Mo.____Yr.____	_____
Hours Per Week:	_____	_____
Starting Salary:	_____	Name, Title, and Phone Number of Supervisor:
Ending Salary:	_____	_____
Reasons for Leaving:	_____	Title of Your Position: _____
Description of Duties:	_____	

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Starting Date:	Ending Date:	Name and Complete Address of Employer/Company:
Mo.____Yr.____	Mo.____Yr.____	_____
Hours Per Week:	_____	_____
Starting Salary:	_____	Name, Title, and Phone Number of Supervisor:
Ending Salary:	_____	_____
Reasons for Leaving:	_____	Title of Your Position: _____
Description of Duties:	_____	

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Starting Date:	Ending Date:	Name and Complete Address of Employer/Company:
Mo.____Yr.____	Mo.____Yr.____	_____
Hours Per Week:	_____	_____
Starting Salary:	_____	Name, Title, and Phone Number of Supervisor:
Ending Salary:	_____	_____
Reasons for Leaving:	_____	Title of Your Position: _____

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Description of Duties: \_\_\_\_\_

REFERENCES

TELEPHONE NUMBERS

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I certify that all statements made herein are true and complete to the best of my knowledge. I authorize the verification and release of information regarding my background/character from any source contained on this application. I know that any misrepresentation herein may lead to disqualification and/or dismissal from employment.

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

**EQUAL OPPORTUNITY EMPLOYER**

**"Under Code Charter, (approval by Board), all employees are required to be hired by the Board of Aldermen with their position, start date and rate of pay included in the minutes. No potential employee should start work prior to being approved by the Board of Aldermen. MCA § 21-3-5"**