

## Town of Huron Employment Application

Please TYPE, or PRINT clearly. ***This application must be completed and signed by the applicant.*** Each question must be answered. If the answer is NO or NONE, please so indicate. We appreciate your interest in employment with the Town of Huron.

The Town of Huron is an equal employment opportunity employer. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, physical or mental disability, marital status, sexual orientation, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Town Supervisor's Office.

|   |  |  |   |  |
|---|--|--|---|--|
| Biographical Data   | Name (First, Middle, Last)   |  | E-mail Address  |  |
|   | Street Address   |  | Telephone Number  |  |
|   | City/Town  |  | State   | Zip  |
|   | Position Applied   |  | Salary or hourly wage desired   |  |
|   | Available for work<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part -time<br><input type="checkbox"/> Temporary   |  | Date available for work   |  |
|   | How were you referred to the Town of Huron?<br><input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in<br><input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____ |  |   |  |
|   | Are you currently employed?<br>If yes, may we contact your employer to obtain employment information?  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Have you ever filed an application or interviewed for employment with the Town of Huron before?<br>If yes, provide month and year of application / /   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Have you ever been employed by the Town of Huron?<br>If yes, provide dates (mo/day/year) From / / To / /   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   | Do you have a legal right to work in the United States?<br><b><i>Employment eligibility verification will be required upon employment.</i></b>   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you are under age 18, can you provide required proof of your eligibility to work?  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |  |
| If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation? |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |  |

| Educational Background | Type of School Attended           | Name and Location of School | Number of Years Completed<br>(do not give dates) | Course of Study | Diploma or Degree Obtained |
|------------------------|-----------------------------------|-----------------------------|--|-----------------|----------------------------|
|                        | High School Or Preparatory School |                             |  |                 |                            |
|                        | College                           |                             |  |                 |                            |
|                        | Other                             |                             |  |                 |                            |

|        |  |        |   |        |     |
|--------|--|--------|---|--------|-----|
| Skills | Computer Skills: List below all software programs with which you have worked and rate your proficiency – fair / good / excellent.                      |        | Typing Speed  |        | WPM |
|        | Software Program   | Rating | Software Program  | Rating |     |
|        |  |        |   |        |     |
|        | List certificates, licenses (including driver license or CDL endorsement) or professional achievements that support Your qualification for employment: |        | List any additional skills, technical or professional knowledge that you feel support your application: |        |     |
|        | If you are applying for a position which requires a Commercial Driver's License, provide the Driver's License number here: _____                       |        |   |        |     |

**EMPLOYMENT HISTORY:** List your previous **four employers**, whether or not they seem relevant to the position for which you are applying, in chronological order starting with your current or last employer:

|   |  |                              |       |     |
|---|--|------------------------------|-------|-----|
| Employer Name   |  | Telephone Number             |       |     |
| Street Address  |  | City/Town                    | State | Zip |
| Employment Dates (mo / year)<br>From: _____ To: _____                   |  | Salary                       |       |     |
| Position  |  | Name and Title of Supervisor |       |     |
| Description of duties, responsibilities and significant accomplishments |  |                              |       |     |
| Reason for Leaving  |  |                              |       |     |

|  |  |                              |       |     |
|--|--|------------------------------|-------|-----|
| Employer Name  |  | Telephone Number             |       |     |
| Street Address   |  | City/Town                    | State | Zip |
| Employment Dates (mo / year)<br>From: _____ To: _____                    |  | Salary                       |       |     |
| Position   |  | Name and Title of Supervisor |       |     |
| Description of duties, responsibilities and significant accomplishments: |  |                              |       |     |
| Reason for Leaving   |  |                              |       |     |

|  |  |                              |       |     |
|--|--|------------------------------|-------|-----|
| Employer Name  |  | Telephone Number             |       |     |
| Street Address   |  | City/Town                    | State | Zip |
| Employment Dates (mo / year)<br>From: _____ To: _____                    |  | Salary                       |       |     |
| Position   |  | Name and Title of Supervisor |       |     |
| Description of duties, responsibilities and significant accomplishments: |  |                              |       |     |
| Reason for Leaving   |  |                              |       |     |

**EMPLOYMENT HISTORY** Continued –

|  |                  |                                     |            |
|--|------------------|-------------------------------------|------------|
| <i>Employer Name</i>   |                  | <i>Telephone Number</i>             |            |
| <i>Street Address</i>  | <i>City/Town</i> | <i>State</i>                        | <i>Zip</i> |
| <i>Employment Dates (mo / year)</i><br>From: _____ To: _____                   |                  | <i>Salary</i>                       |            |
| <i>Position</i>  |                  | <i>Name and Title of Supervisor</i> |            |
| <i>Description of duties, responsibilities and significant accomplishments</i> |                  |                                     |            |
| <i>Reason for Leaving</i>  |                  |                                     |            |

**MILITARY HISTORY**

|   |              |                  |                              |
|---|--------------|------------------|------------------------------|
| Have you served in any branch of the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                  |                              |
| <i>Branch of Service</i>  | <i>Entry</i> | <i>Discharge</i> | <i>Training or specialty</i> |

**REFERENCES – list three** other than relatives or former supervisors:

|          |                          |                  |              |            |                         |
|----------|--------------------------|------------------|--------------|------------|-------------------------|
| <b>1</b> | <i>Name / Occupation</i> |                  |              |            | <i>Telephone Number</i> |
|          | <i>Street Address</i>    | <i>City/Town</i> | <i>State</i> | <i>Zip</i> | <i>Years Known</i>      |
| <b>2</b> | <i>Name / Occupation</i> |                  |              |            | <i>Telephone Number</i> |
|          | <i>Street Address</i>    | <i>City/Town</i> | <i>State</i> | <i>Zip</i> | <i>Years Known</i>      |
| <b>3</b> | <i>Name / Occupation</i> |                  |              |            | <i>Telephone Number</i> |
|          | <i>Street Address</i>    | <i>City/Town</i> | <i>State</i> | <i>Zip</i> | <i>Years Known</i>      |

**CONVICTION RECORD**

|  |                     |                               |
|--|---------------------|-------------------------------|
| Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |                               |
| Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |                               |
| If you answered "yes" to either question, please provide additional information such as the names(s), date(s), court location, sentencing information and disposition of sentence, and reparation completed. Please note that a "yes" answer to this question does not necessarily disqualify an applicant from employment with the town. The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions. |                     |                               |
| <i>Date</i>  | <i>County/State</i> | <i>Conviction Explanation</i> |

I certify that the information contained in this application is accurate, true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment if hired. I authorize investigation of any information provided on this application form and understand that the Town of Huron will conduct a background check. I also authorize investigation of my employment record and references and release all parties from any and all liability for any damage that may result from furnishing information. I understand and agree that if hired, my employment is for no definite period and may be terminated at any time, subject to appropriate Federal, State and/or local rules and regulations or collective bargaining Agreements. For positions subject to Federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition of employment with the town of Huron, a pre-employment controlled substance test will be required and must be passed.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_