

# Town of LaGrange

## Employment Application



### Application Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Have you ever worked for this municipality?  Yes  No If yes, When?: \_\_\_\_\_

Have you ever pleaded guilty or been convicted of a felony? Yes No

If yes, explain: \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit?  Yes  No

Licenses (some positions require licenses):  
 Do you have a currently valid MOTOR VEHICLE operator's license?  
 If yes, enter all class(es) of license: \_\_\_\_\_ State: \_\_\_\_\_ DMV License #: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes No  
  Degree: \_\_\_\_\_

### References

Please list three professional references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

**Previous Employment**

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
		Yes    No
May we contact your previous supervisor for a reference?		<input type="checkbox"/> <input type="checkbox"/>

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
		Yes    No
May we contact your previous supervisor for a reference?		<input type="checkbox"/> <input type="checkbox"/>

Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
		Yes    No
May we contact your previous supervisor for a reference?		<input type="checkbox"/> <input type="checkbox"/>

**Military Service**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

**Affirmation and Authorization to Release**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

The undersigned applicant hereby authorizes the Town of LaGrange to investigate matters necessary for the verification of the qualifications of the applicant, including fingerprint supported background histories. The applicant hereby authorizes the Town of LaGrange to examine any and all records, files or other information relating to the applicant in the possession of any Federal, State or Municipal authority, including any such records that are available in any police department or other law enforcement agency. The applicant voluntarily releases from liability all persons or entities supplying or collecting such information.

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