

# LEVAN TOWN

## APPLICATION FOR EMPLOYMENT

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS APPLICATION.

*All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is important that you answer all questions fully and accurately, failure to do so may delay your consideration and could mean loss of employment opportunities. If an item does not apply to you, or if there is no information to be given, please write in the letters "NA" or Not Applicable. You must sign and date this application. **Please attach a resume with references to the back of this application.***

*(Use typewriter or print clearly in black ink)*

### POSITION:

1. Title or type of position: \_\_\_\_\_

2. Type of employment acceptable: (X) Part-Time

### PERSONAL INFORMATION:

3. Name: \_\_\_\_\_  
(First) (Middle initial) (Last)

Address: \_\_\_\_\_  
(Street/P.O. Box) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Other Phone: (specify) \_\_\_\_\_

4. Are you at least 16 years of age?  Yes  No

5. Are you a citizen of the U.S. or are you a lawfully immigrated alien who is legally eligible to work?  
 Yes  No

6. Have you been convicted of a felony within the last 10 years?  Yes  No

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

*\*Please note: A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.*

7. Do you have any physical, mental or medical impairment that would prevent you from performing the essential functions of the job you are applying for?  Yes  No

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

*\*Please note: Levan Town will make reasonable accommodation for qualified handicapped individuals as required by law.*

8. Do you have a valid Driver's License?  Yes  No Number \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)  Yes  No Number \_\_\_\_\_

Experience: Begin with your present or most recent job and describe all periods of employment, such as paid (full or part time), volunteer (full or part time), self employment, and/or military service. Account for your time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Complete address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Mo. Yr. Mo. Yr.

Last monthly pay: \$ \_\_\_\_\_

Hours per week: \_\_\_\_\_

Supervisors Name and Title: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_

**SKILLS AND ABILITIES**

**Clerical Skills** (required for clerical positions only)

Mark your current skills and abilities (subject to verification by examination)

- ( ) Type: \_\_\_\_\_ wpm ( ) Ten-key adder ( ) Transcribing machine
( ) Shorthand: \_\_\_\_\_ wpm ( ) Computer terminal ( ) Other: \_\_\_\_\_

Mark the job tasks in which you have experience and ability:

- ( ) Acting as receptionist and answering phones ( ) Computing with numbers
( ) Composing correspondence, preparing reports ( ) Typing tables or graphs
( ) Filing, sorting, arranging documents ( ) Typing from transcribing machine

**Operator Skills** (required for operator positions only)

Mark the equipment and machinery you can operate (your skills may be tested)

- ( ) Asphalt roller ( ) Diesel truck ( ) Grader
( ) Asphalt lay down ( ) Multi-speed trans ( ) Trencher
( ) Asphalt cutter ( ) Automatic trans ( ) High-pressure sewer clean
( ) Bucket truck ( ) Backhoe ( ) Rodder
( ) Pickup (Standard trans) ( ) Front-end loader ( ) Water Pumps
( ) 10-wheel dump truck ( ) Street sweeper ( ) Tapping machine
( ) Snow plow ( ) Welder ( ) Other: \_\_\_\_\_

**EDUCATION**

Have you graduated from high school or completed a GED or equivalent? ( ) Yes ( ) No

Name and location of high school: \_\_\_\_\_

If no, circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Table with 6 columns: College, Business or Technical College Name/Location, Dates Attended, Official Major and area of emphasis, Credit Hours completed, Date Graduated, Type of degree obtained.

Other Education, trade school, correspondence etc. (Please specify as above)

**CERTIFICATION**

Levan Town is an Equal Opportunity Employer and provides that employment and promotion shall be based on merit and qualifications, and shall in no way be influenced by race, religion, sex, color, national origin, age or handicap.

Be careful that you have answered all questions on your application correctly and consider all statements fully so that your eligibility can be decided on all the facts. Sign your name below in ink.

The information I have given on this application is true and correct to the best of my knowledge. Levan Town is authorized to make of all prior employment records; and authorize investigation of all statements in this application and/or statements made in the interviewing process. ; I understand that misrepresentation or omission of facts or falsification may subject me to disqualification or dismissal.

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