

APPLICATION FOR EMPLOYMENT  
TOWN OF LINCOLN

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

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

Mailing Address: \_\_\_\_\_  
P.O. Box City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

Previous Address: \_\_\_\_\_  
(If less than 5 years at present address)

Phone No.: \_\_\_\_\_ Are you 18 years or older? \_\_\_\_ Yes \_\_\_\_ No

Are you either a U.S. Citizen or an Alien authorized to work in the United States?  
\_\_\_\_ Yes \_\_\_\_ No

Employment Desired:

Position: \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so may we inquire of your present employer? \_\_\_\_\_

Present employer's phone/e-mail \_\_\_\_\_

Have you ever applied to the Town of Lincoln for employment before? \_\_\_\_\_

If so, when? \_\_\_\_\_

Referred by: \_\_\_\_\_

Education:	Name and Location of School	No. of Years Attended/Graduate
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High School \_\_\_\_\_

College \_\_\_\_\_  
Course of Study

Trade, Business or Correspondence School Subjects Studied

General Information:

Subjects of special study or research work: \_\_\_\_\_

\_\_\_\_\_

Special Skills \_\_\_\_\_

Activities (civic, athletic, etc.) \_\_\_\_\_

U.S. Military or

Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Guards/Reserves \_\_\_\_\_

Former Employers: List below last three employers, starting with last one first.

Date	Name/Address of Employer	Salary/Position	Reason for leaving
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From

To \_\_\_\_\_

From

To \_\_\_\_\_

From

To \_\_\_\_\_

References: Give the names of three persons not related to you, whom you have known at least one year. Include at least one previous employer.

Name	Address/Phone/Email	Business	Years Known
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I authorize the Town of Lincoln to do a background check on the information I have listed on this application. If deemed necessary, a police record check may also be performed. I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. The Town of Lincoln has a workplace, smoke-free policy. The Town of Lincoln is an equal opportunity employer, and does not discriminate because of race, creed, color, age or disabilities.

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

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Hired: ☐ Yes ☐ No Position: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_

Start Date: \_\_\_\_\_ Benefits Reviewed (if applicable): \_\_\_\_\_