

APPLICATION FOR EMPLOYMENT
TOWN OF LINCOLN

Date: _____

Name: _____ SS. # _____
 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? _____

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

When? _____

Referred by: _____

Education:	Name and Location of School	No. of Years Attended/Graduate
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Grammar School _____

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 _____ Reason for

Mo/Yr. Name/Address of Employer Salary/Position leaving

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 Business Years Known

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): _____