

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
Mo/Yr. 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): _____