

TOWN OF LEE APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

First Name	Middle Initial	Last Name	
Address	City	State	Zip Code
Telephone Number(s)	Email		

If information requested is contained in a resume, you may include it with your application and respond "See Resume" where appropriate.

Have you ever submitted an application to us before? ☐ Yes ☐ No
For what position: _____

Have you ever been employed with us before? ☐ Yes ☐ No
In what position: _____

Are you currently employed? ☐ Yes ☐ No

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Are you willing to undergo a physical exam by a doctor for the purpose of determining whether you are physically able to perform the essential functions of the job with reasonable accommodations, if necessary? ☐ Yes ☐ No

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No
If yes, please describe:

List any relatives employed by the Town of Lee:

EDUCATION:

	High School	Undergraduate College/University	Graduate/Professional
School Name & Location			
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities			
Describe any honors you have received			

EMPLOYMENT HISTORY:

(Start with your most recent or present job)

1. Employer:		Length of Service:
Address:		Job Duties:
Telephone Number and or Email:		
Job Title:	Supervisor:	
Reason for Leaving:		
2. Employer:		Length of Service:
Address:		Job Duties:
Telephone Number and or Email:		
Job Title:	Supervisor:	
Reason for Leaving:		
3. Employer:		Length of Service:
Address:		Job Duties:
Telephone Number and or Email:		
Job Title:	Supervisor:	
Reason for Leaving:		

REFERENCES:

Please provide the names and telephone numbers of three references:

1. _____
2. _____
3. _____

APPLICANT'S STATEMENT:

I authorize the Town of Lee to make such investigations and inquiries of my employment or educational history and other related matters as may be necessary to arrive at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge.

I understand and agree that if employed, I will be required to abide by all rules and policies of the Town of Lee.

I certify that all of the information on this application is true and correct and that I have not knowingly failed to disclose any information.

Signature of Applicant

Date