

TOWN OF GORDON

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION:

NAME _____
Last First MI

STREET ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER? _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____

ARE YOU EMPLOYED NOW? _____ WHERE? _____

GENERAL:

SPECIAL SKILLS: _____

REFERENCES: Give the names of three persons not related to you

NAME	ADDRESS	TELEPHONE #	YEARS KNOWN
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I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the Town of Gordon rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Town of Gordon's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town of Gordon.

SIGNATURE: _____ DATE: _____