



**ALEXANDRIA TOWNSHIP
APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to age, race, creed, color, national origin, ancestry, marital status, affectional, or sexual orientation, gender identity or expression, disability, nationality or sex.

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About Us ____ Advertisement ____ Other	Driver's License #
Last Name (Maiden Name if Married)	First Name Middle In.
Address	City or Town
State	Zip Code
Telephone Numbers Home#	Cell # Work #
Citizen of U. S. Yes No	

If not, do you intend to become a U.S. Citizen _____

Have legal right to remain permanently in U.S. _____ Intend to remain permanently _____

Name of relatives in this company _____

Referred by _____

Best time to contact you at home is: AM _____ PM _____

Date you can start _____ Salary Desired _____

Are you available to work: _____ Full Time _____ Part Time

Are you employed now _____ If so may we contact your present employer _____

If you are under 18 years of age, can you provide required proof of your eligibility to work _____

Have you ever filed an application with us before _____

Have you ever been employed with us before _____
If yes give date _____

Do any of your friends or relatives, other than spouse, work here _____
If yes, state name, relationship and location _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status _____

Proof of citizenship or immigration status will be required upon employment

Are you currently on "lay-off" status and subject to recall _____

Can you travel if a job requires it _____

EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE	YEARS COMPLETED	DEGREE
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact:		Yes ___ No ___

Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May we Contact:		Yes ___ No ___

Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number (s)	Hourly Rate/Salary		
Starting /Present	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving	May we Contact:		Yes No

Employer	Dates Employed		Work Performed
Address	From:	To:	
Telephone Number (s)	Hourly Rate/Salary		
Starting/Present	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving	May we Contact:		Yes No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job related skills and qualifications acquired from employment or other experience.*

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant	_____ Date
---------------------------------	---------------