Town of Acworth Employment Application

PERSONAL INFORMATION			
Name:			
Address:	City:	State:	Zip Code:
Phone:	Email Address:		

ADDITIONAL INFORMATION
Are you legally authorized to work in the U.S.? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ No
Have you been employed by this organization in the past? ☐ Yes ☐ No

POSITION APPLYING FOR
Position you are applying for:
Employment Type: ☐ Full-Time ☐ Part-Time

EMPLOYMENT HISTORY	
Employer:	Employer Phone:
Employer Address:	
Date of Employment: / / to / /	Rate of Pay:
Position:	
Responsibilities:	
Supervisor Name:	
Reason for Leaving:	May we contact them? ☐ Yes ☐ No
Employer:	Employer Phone:
Employer Address:	
Date of Employment: / / to / /	Rate of Pay:
Position:	
Responsibilities:	
Supervisor Name:	
Reason for Leaving:	May we contact them? ☐ Yes ☐ No

EDUCATION LEVEL

☐ High School
☐ GED
☐ Collage
☐ Tech School

EXPERIENCE AND SPECIAL SKILLS – Please share with us any experience or special skills that you feel would help you in the position you are applying for.

REFERENCES

Name	Title	Company	Phone / Email

ACKNOWLEDGEMENT and AUTHORIZATION

☐ I certify that all answers are given herein are true and complete to the best of my knowledge.

☐ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination of employment.

Signature of Applicant

Date