Employment Application

Town	οf	Cushing:
1 0 11 11	VI.	Cusining.

Application	Positio	on applying for:		
Name:				
Last	First		Middle	
Telephone:Em	nail:		Alternate telephone:	
Address:				
Are you able to perform the of the position with or without		If necessary for t	he job, I am able to:	
☐ Yes ☐ No		Work Overtime?		
If necessary for the job, are	you older than:	Provide a valid M	laine Driver's License?	□ Yes □ No
□ 14 □ 16 □ 17 (Che		If so, fill out the	following:	
	eck Offe)	Issuing State:		Type:
□ 18 □ 21		Endorsement(s):		
Are you legally eligible for e	mployment in the U.S.?	Hazardous M	laterials 🗌 Passenger	·s Hazardous Materials
☐ Yes ☐ No		$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $		
I am seeking a permanent pe	osition:	Work the following	ng shifts: (Check all	that apply)
□ Yes □ No		☐ Any ☐ Day ☐ Night ☐ Swing ☐ Rotating ☐ Split ☐ Overnight ☐ Other		
I will be able to report to wo	ork days after be			
	EMPL	OYMENT		
ist most recent employment first. Indisted here, in the summary following			ence or employers related	I to this job are
Employer name and address:	Position title/duties, skills	s:	Start date:	End date:
Employer name and address.			Reason for leaving	
				,
	Supervisor:	Telephone:		
Employer name and address:	Position title/duties, skills	S:	Start date:	End date:
			Reason for leaving	<u> </u>
		-		
	Supervisor: Position title/duties, skill:	Telephone:	Start date:	End date:
Employer name and address:				
			Reason for leaving	j :
	Supervisor:	Telephone:		

Summarize other e	employment related to this	job:					
		EDIIGAT					
		EDUCAT	TON				
	Institution Name	Years Completed	Field of Study	Graduate or Degree Program			
High School							
College/University							
Business/Technical							
Additional							
MILITARY							
Are you a veteran?	☐ Yes ☐ No						
•	uty/specialized training:						
riease provide any de	aty/specialized trailing.						
	SKIL	LS & QUAL	IFICATIONS				
Other qualifications such as special skills, abilities or honors that should be considered:							
	software, and other equipmer	· · · · · · · · · · · · · · · · · · ·	fied to operate or repai	r:			
Professional licenses,	certifications or registrations:						
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:							
REFERENCES							
List three references who are not relatives and who can attest to your work.							
Name	Address		Telephone				
Name	Address		Telephone				
Name	Address			Telephone			
INFORMATION TO THE APPLICANT							
As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.							
If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test. I understand and agree to the information shown above.							
Signature of Applican	t		Date				

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.