

Town of Hamilton Job Application



_____/_____/_____
Date of Application Date Available for Hire

Driver's License Number

Resume Attached? ☐ Yes ☐ No

What Date Can You Start ____/____/____

Position Desired

Can you work any shift? ☐ Yes ☐ No

Can you work overtime, including weekends?

☐ Yes ☐ Yes, but not weekends ☐ No

INFORMATION ABOUT YOU

First Name Middle Name Last Name

CURRENT RESIDENCE

Street Address/City/State/ZIP Code

()

Your Phone

Email

ARE YOU:

Are you at least 18 years old? ☐ Yes ☐ No

A Previous Applicant ☐ Yes ☐ No

A Previous Employee ☐ Yes ☐ No

Legally eligible to work in the U.S.? ☐ Yes ☐ No
(If offered employment, you will be required to provide proper documentation to verify eligibility.)

Able to make it to work using a reliable means of transportation? ☐ Yes ☐ No

Do you have any relatives or friends who work for the Town of Hamilton? ☐ Yes ☐ No

If yes, please provide names and where they work



YOUR WORK EXPERIENCE (complete for the past 10 years)

a. Present/Most Recent Employer Type of Organization _____ _____
Start Date End Date

Street Address/City/State/ZIP code Work Phone

Immediate Supervisor's Name Phone Email

May we contact the supervisor? Yes ☐ No ☐ What is/was your job title? _____

Summarize the nature of the work you performed and your job responsibilities.

Reason For Leaving

b. Previous Employer Type of Organization _____ _____
Start Date End Date

Street Address/City/State/ZIP code Work Phone

Immediate Supervisor's Name Phone Email

May we contact the supervisor? Yes ☐ No ☐ What is/was your job title? _____

Summarize the nature of the work you performed and your job responsibilities.

Reason For Leaving

c. Previous Employer Type of Organization _____ _____
Start Date End Date

Street Address/City/State/ZIP code Work Phone

Immediate Supervisor's Name Phone Email

May we contact the supervisor? Yes ☐ No ☐ What is/was your job title? _____

Summarize the nature of the work you performed and your job responsibilities.

Reason For Leaving

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PROFESSIONAL INFORMATION (if applicable)

License Description	_____	License Number	_____
Effective Date	_____	Expiration	_____
Registry or Certification	_____	Registration No.	_____
Effective Date	_____	Expiration	_____
Other	_____		

Type of School	Name and Location of School	Dates of Attendance	Name and Date of Degree Earned	Fields of Study (Major and Minor)
High School/ Trade School				
Business or Tech School				
Colleges/Universities				
Other Training (Explain)				



PERSONAL REFERENCES: Give Three References (Neither Relatives or Employers)

Name	Occupation	Employer	Years this person has known you
Name	Occupation	Employer	Years this person has known you
Name	Occupation	Employer	Years this person has known you

ACADEMIC OR OTHER AWARDS OR ACHIEVEMENTS

(Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position*)

*Exclude those that would indicate race, color, religion, national origin, gender, disability, age, or other protected class status.

Date	/	/	Description
Date	/	/	Description

ADDITIONAL QUALIFICATIONS

(Ex. special technical, computer, or individual skills that would qualify you for the position)

Description

U.S. MILITARY SERVICE

Branch Rank at Discharge Dates of service ___/___/___ to ___/___/___

Duties Honorable Discharge? ☐ Yes ☐ No

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Please Read Carefully

If you have any questions regarding the application, this statement, or if you need special assistance in regard to applying for this position, please ask the person who is assisting you with this application.

As an equal opportunity employer, the Town of Hamilton will strive to conduct all personnel practices and procedures, including recruitment, selection, employment, compensation, benefits, evaluations, promotions, demotions, assignments, transfers, reductions-in-force, terminations, training, education, recreational and social activities, and safety and health programs, without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other status protected under local, state or federal laws.

The answers to the questions on this application are not intended for use for discriminatory purposes.

Your application will be given the consideration it deserves; however, our acceptance of your completed application for our consideration does not mean you will be offered employment. By signing your name below, you indicate your understanding that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and the Town of Hamilton. **If hired, you will be, at all times, an at-will employee.** Should this application and the hiring process result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, the Town of Hamilton reserves the right to terminate your employment at any time and for any reason not prohibited by law.

Moreover, you understand no representative of the Town of Hamilton, with the exception of the Town Council has any authority to enter into any agreement of any kind or form with you for any specified period of time or to guarantee any other terms of employment, including benefits. **No statements, written or verbal, made to you at any time prior to, or during, employment are intended to alter your at-will status.**

When processing this application, and if applicable to the position for which you are applying, the Town of Hamilton may request third parties perform criminal, police, credit, or other background checks about you. Should this be necessary, you will be given separate forms to fill out authorizing any such checks and setting forth information about your rights. In addition to these background checks, the Town of Hamilton may directly contact past employers, supervisors, and/or any other person listed in this application regarding the statements you make during the application process and your suitability for employment. This inquiry may include information as to your general character, reputation, and work-related characteristics.

Also, note that should the Town of Hamilton hire you, the Town of Hamilton may use, at any time during your employment, outside agents or representatives to perform investigations surrounding any claim of wrongdoing, including, but not limited to, sexual harassment, theft, or fraud.

I certify with my signature below I have given the Town of Hamilton true and complete information on this application to the best of my knowledge. I have omitted no facts called for on the application and have not made any false statements. No requested information has been concealed. I authorize the Town of Hamilton to verify the accuracy of the statements and obtain reference information on my work performance. I release the Town of Hamilton from all liability of any kind, which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, any false statements or omissions of fact called for on this application could result in dismissal. I understand that should an employment offer be extended to me and accepted, I will at all times be an at will employee. I will fully adhere to the policies, rules, and regulations of employment. However, I further understand that neither the Town of Hamilton's policies, rules, regulations, nor anything said during the interview process, shall be deemed to alter the at-will nature of my employment or to constitute the terms of an implied employment contract.

Date ____/____/____ Signature _____

Applicant's name, printed _____

**This application for employment expires 90 days after the date indicated next to your signature.
Consideration for employment after 90 days requires a new application.**

