

Work Experience

LIST JOBS STARTING WITH THE PRESENT AND WORKING BACK

(Use additional blank paper if needed)

May your present employer be contacted? Yes No

A	Position	Name, title, and phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment Information must be completed) From _____ To _____ Last Salary _____ per _____ Number of hours worked per week _____ Reason for leaving: _____ _____ _____		Describe your duties, responsibilities, and accomplishments below. _____ _____ _____ _____ _____

B	Position	Name, title, and phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment Information must be completed) From _____ To _____ Last Salary _____ per _____ Number of hours worked per week _____ Reason for leaving: _____ _____ _____		Describe your duties, responsibilities, and accomplishments below. _____ _____ _____ _____ _____

C	Position	Name, title, and phone number of immediate supervisor
	Employer (company or organization)	Address of employer
Dates of employment Information must be completed) From _____ To _____ Last Salary _____ per _____ Number of hours worked per week _____ Reason for leaving: _____ _____ _____		Describe your duties, responsibilities, and accomplishments below. _____ _____ _____ _____ _____

Education

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate?	List Diploma Or Degree
			5	6	7	8		
Elementary		X					<input type="checkbox"/> Yes	X
						<input type="checkbox"/> No		
High							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
College							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
Other (Specify)							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		

16 Honors Received in School _____

17 Use this space to give any special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional license or certificate, skills in operation of machines/equipment, technical skills, or other special training).

18 Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to the position for which you are applying. Include name of organization, dates, and amount of time involved. Attach additional sheet if necessary.

19 Name any family members currently working for the Town of Orange.

20 Are you willing to work: Part-time _____ Full-time _____ Temporary _____ Substitute _____
 (Check all that apply) (less than 40 hours) (40 hours)

21 On what date would you be available to work? _____

References

22	List three persons other than relatives or previous employers who know you and your qualifications.	
	NAME AND RELATIONSHIP	ADDRESS/PHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____

23	Agreement
	<p>I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at decisions regarding my employment or continued employment. I understand that this application is not and is not intended to be a contract of employment.</p> <p>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 Town.</p>
	<p>_____ ← SIGN</p> <p style="text-align: center;">Signature of Applicant Date</p>

For Personnel Department Use Only	
Applicant Do Not Write Below Line	
Arrange Interview	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Date _____
Remarks	_____
	_____ Interviewer Date
Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Employment _____
Job Title	Hourly Rate/ Salary _____ Department _____
By	_____ Name and Title Date
NOTES:	_____

TOWN OF ORANGE APPLICANT EQUAL OPPORTUNITY DATA FORM

The Town of Orange has an Equal Opportunity program to ensure equal employment in its hiring practices. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, age, national origin, political affiliation, disability, or any other non-job-related factor. As employers, we comply with government regulations. Solely to help us comply with government record keeping, reporting and other legal requirements, we are asking you to voluntarily help us monitor the effectiveness of our program by completing the Equal Opportunity data below. The completion of this form is voluntary; neither its completion nor refusal to complete will subject you to any adverse treatment. This form is for periodic government reporting only and will be kept in a Confidential File separate from the Employment Application. We appreciate your cooperation. Thank you.

<div style="border: 1px solid black; padding: 2px;"> 1 Application for Position of: _____ </div>	<div style="border: 1px solid black; padding: 2px;"> 2 Social Security Number _____ / _____ / _____ </div>								
<div style="border: 1px solid black; padding: 2px;"> 3 Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle </div> </div>	<div style="border: 1px solid black; padding: 2px;"> 4 Date of Birth Month/Day/Year ___ / ___ / ___ </div>								
<div style="border: 1px solid black; padding: 2px;"> 5 Address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street Apartment # </div> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> City State Zip Code </div> </div>	<div style="border: 1px solid black; padding: 2px;"> 6 Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male </div>								
<div style="border: 1px solid black; padding: 2px;"> 7 Ethnic Origin (Note: Ethnic origin is defined by the Federal Equal Employment Opportunity Commission as follows:) <ul style="list-style-type: none"> (a) White- (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. (b) Black- (Not of Hispanic origin) All persons having origins in any of the Black racial groups of Africa. (c) Hispanic All persons of Mexican, Puerto Rican, Cuban, or South Spanish culture or origin, regardless of race. (d) Asian or Pacific Islander All persons have origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. this area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. (e) American Indian or Alaskan Native All persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliations or community recognition. </div>									
<div style="border: 1px solid black; padding: 2px;"> 8 (a) Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If yes, check: Vietnam Era, 1962-1975, <input type="checkbox"/> Other <input type="checkbox"/> Disabled </div>									
<div style="border: 1px solid black; padding: 2px;"> 9 How did you learn about the job for which you are applying? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Newspaper (name) _____</td> <td style="width: 50%;">_____ Friend</td> </tr> <tr> <td>_____ Job Bulletin (where posted) _____</td> <td>_____ Walk-In</td> </tr> <tr> <td>_____ Magazine/Journal (name) _____</td> <td>_____ Relative</td> </tr> <tr> <td>_____ Employment Agency</td> <td>_____ Other (specify)</td> </tr> </table> Comments _____ _____ </div>		_____ Newspaper (name) _____	_____ Friend	_____ Job Bulletin (where posted) _____	_____ Walk-In	_____ Magazine/Journal (name) _____	_____ Relative	_____ Employment Agency	_____ Other (specify)
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