

Employer: _____ Telephone: _____

Dates of Employment: From: _____; To: _____

Address: _____

Position Held: _____ Describe Duties: _____

Salary Start: _____ Salary Final: _____

Reason for Leaving: _____

Supervisor: _____ May we Contact? Yes No

Employer: _____ Telephone: _____

Dates of Employment: From: _____; To: _____

Address: _____

Position Held: _____ Describe Duties: _____

Salary Start: _____ Salary Final: _____

Reason for Leaving: _____

Supervisor: _____ May we Contact? Yes No

III. Education & Training

Circle Highest Grade Completed

8 9 10 11 12 (orGED) College - 1 2 3 4 5 6

School	Address	From/To	Diploma/Degree
High School:			
College:			
Technical:			
Other:			

IV. Business/Professional References

Name	Address	Telephone Number

V. General

1. Is there any reason you cannot perform the essential functions of the position for which you are applying? Yes No

If yes, please describe: _____

2. Have you ever been convicted of a felony? Yes No

3. Have you been convicted or a crime that excludes you from carrying a firearm? Yes No

4. Were you ever in the military service? Yes No Type of Discharge: _____

5. Do you have a relative employed with the Town of Mills? Yes No

If yes, whom and in what capacity: _____

6. Do you have prior law enforcement experience? Yes No

Department: _____ Years: _____

7. Do you have a valid driver's license? Yes No State: _____ Driver's License Number: _____

8. Has your driver's license ever been suspended or revoked? Yes No

9. List any accidents or moving violations incurred during the past 36 months.

Type	Date (mm/dd/yyyy)	Ticket Received

I understand that my insurability will be verified and I may not be eligible for employment in a driving essential position or, if employed, I may be terminated because I am uninsurable.

The Town of Mills considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

I certify that the answers given herein are true and complete to the best of my knowledge; and I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action that could lead to termination of my employment.

--	--

Signature

Date