

***Town of Sharon***  
***Application for Employment***

The Town of Sharon is an equal opportunity employer. The Town considers applicants for all positions without regard to race, color, religion, sex, HIV status, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

*PLEASE PRINT*

Date of Application \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Are you applying for: temporary work – such as summer or holiday work?  yes  no

Regular part-time work?  yes  no Available starting when? \_\_\_\_\_

Regular full-time work?  yes  no Available starting when? \_\_\_\_\_

Are you available to work overtime?  yes  no Comment? \_\_\_\_\_

Referral source:  Advertisement  Friend  Relative  Walk-in

Employment Agency  Other

Name \_\_\_\_\_

Last

First

Middle Initial

Street Address \_\_\_\_\_

Number

Street

City

State

Zip Code

Mailing Address \_\_\_\_\_

(if different from above)

Email Address \_\_\_\_\_

Telephone Number: \_\_\_\_\_  home phone  cell phone

Are you over the age of 18?  yes  no (If under 18, hire is subject to verification of minimum legal age.)

Have you filed an application here before?  yes  no If yes, give date \_\_\_\_\_

Have you ever been employed here before?  yes  no If yes, give date \_\_\_\_\_

Are you employed now?  yes  no May we contact your present employer?  yes  no

Salary desired: \$ \_\_\_\_\_ If hired, would you be able to present evidence that you legally can work in the United States?  yes  no

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?  yes  no

If no, please describe the functions that **cannot** be performed: \_\_\_\_\_  
\_\_\_\_\_.

*(Note: The Town of Sharon complies with the American for Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)*

**EDUCATION**

High School, Trade, Business school, College or Graduate School Attended	No. of Yrs/Grades Completed	Degrees earned or expected.	Major Courses of Study	GPA/Major

Describe Specialized Training, Apprenticeships, Skills, you have acquired and any extra-curricular activities you participated in: \_\_\_\_\_  
\_\_\_\_\_.

**EMPLOYMENT HISTORY and U.S. MILITARY SERVICE**

Please complete this section even if you have attached a resume. Give a complete account of your job duties. Begin with your *present* or *most recent* positions and *work backwards*.

- Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Main duties \_\_\_\_\_  
\_\_\_\_\_.

From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

2. Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

3. Employer's name and address: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_  
Main duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Starting Pay \_\_\_\_\_ Ending Pay \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Which of these jobs did you like best and why? \_\_\_\_\_  
\_\_\_\_\_

Special Skills and Qualifications: Please summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have and are maintaining a valid CDL driver's license? Class \_\_\_\_\_  yes  no

Do you have a current medical card for CDL licensure?  yes  no

Are you a veteran of the U.S. military service?  yes  no If yes, branch \_\_\_\_\_  
Dates of service: \_\_\_\_\_

Please list and professional, trade, business or civic activities and offices held or currently being held that may provide relevant experience for the position under consideration. (Note: you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status): \_\_\_\_\_  
\_\_\_\_\_

