



Town of Westville

EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM



- Print or type all information in blue or black ink – ENTRIES MUST BE LEGIBLE.
- A personal background check will be conducted on all applicants considered for employment based on the information provided on this application.
- Information accompanying or provided on this application is subject to investigation and verification. Applicants who willfully misrepresent or falsify information may be subject to penalties set forth by the state.

Position(s) for which you are applying for: _____

Name: _____ **Phone No.:** _____
Last, First Middle

Address: _____
Street Number City State Zip Code

Mailing Address (if different): _____
Street Number City State Zip Code

Previous Address (if less than five years at current): _____
Street Number City State Zip Code

State Issued ID or Driver License No.: _____ **Issuing State:** _____ **Are you a U.S. Citizen?:** Yes ☐ No ☐

Date of Birth: _____ **Have you been convicted of a felon?** Yes ☐ No ☐ **Have you worked for the Town of Westville before?** Yes ☐ No ☐ **If yes, when?** _____

How did you hear of this opening? _____

EDUCATION

High School Diploma or Equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>		High School Name and Location:					
University, College, or Trade School(s) Attended After High School							
Name	Location City,	State	From Year	To Year	Type of Degree/ Diploma	Major/ Subject	Graduate Y/N

Please complete other side

AN EQUAL OPPORTUNITY EMPLOYER



Town of Westville

EMPLOYMENT APPLICATION

PLEASE READ CAREFULLY BEFORE FILLING OUT FORM



EMPLOYMENT HISTORY: List your work history below (including volunteer work), beginning with your present or most recent job, emphasizing your specific tasks, supervisory, or other responsibilities. Recommend special attention to experience relating to the job for which you are applying for. Attach additional pages as necessary.

May we contact your PRESENT supervisor? Yes ☐ No ☐

Employer Name:	Phone Number:	Position Title:	From MM/YYYY	To MM/YYYY
Summary of Duties:		Supervisory Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary	
			Starting	Ending
			\$	\$
Employer Name:	Phone Number:	Position Title:	From MM/YYYY	To MM/YYYY
Summary of Duties:		Supervisory Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary	
			Starting	Ending
			\$	\$
Employer Name:	Phone Number:	Position Title:	From MM/YYYY	To MM/YYYY
Summary of Duties:		Supervisory Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary	
			Starting	Ending
			\$	\$
Employer Name:	Phone Number:	Position Title:	From MM/YYYY	To MM/YYYY
Summary of Duties:		Supervisory Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary	
			Starting	Ending
			\$	\$
Employer Name:	Phone Number:	Position Title:	From MM/YYYY	To MM/YYYY
Summary of Duties:		Supervisory Position: Yes <input type="checkbox"/> No <input type="checkbox"/>	Salary	
			Starting	Ending
			\$	\$

I certify that all information has been provided by me regarding my application for town employment and is complete and correct to the best of my ability and knowledge.

Applicant's Signature

Date

AN EQUAL OPPORTUNITY EMPLOYER