

**TOWN OF STANLEY**  
**Application for Employment**

Please complete all items.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_

**EDUCATION And TRAINING**

Name of School Attended	City, State	Course Completed
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any other education or training you have received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS WORK EXPERIENCE (List most recent first)**

Employer	Position/Duties	Date Started	Date Ended
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES**

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**Please include a letter of application and/or resume to provide any additional information along with the information provided on this application form.**

**If you are recommended for employment, a background check will be conducted. The extent of the background check may vary depending on the position for which you are applying.**

**I certify that the answers given by me in this application are true and correct without omissions of any kind. I agree that the Town shall not be held liable in any respect if my employment is terminated because of any false statements, answers or omissions made by me on this application. I authorize the Town of Stanley to make any investigation of my history and authorize any person, agency or former employer to disclose to the Town any information they may have regarding me. In consideration of the Town's review of this application, I hereby release the Town of Stanley as well as all providers of information from any liability and from any damage that may result from furnishing and receiving this information. A copy of this authorization and release is as valid as the original and should be recognized as such.**

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_