

**TOWNSHIP OF VERONA**  
**APPLICATION FOR EMPLOYMENT**  
**Communications Operator**

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

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you ever file an application with us?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

Are you available to work:

Full Time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Part Time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shift Work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
On call?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you on "lay-off" status and subject to recall?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been convicted of or entered a plea of no contest to any unlawful offense, other than a traffic violation?  Yes  No  
(Conviction will not necessarily disqualify an applicant)

If yes, give complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been found guilty of a motor vehicle violation?  Yes  No  
 Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

If yes, give complete details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## EDUCATION

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
College				
Graduate School				
Other				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Are you certified in any of the following: (check those you have)

BTC       EMD       CPR       EMT

Attach certifications of any of the above to your application.

Have you used and are you fluent with any of the following: (check those that apply)

Computer     Cad     Fax     Access     Excel     Word

Typewriter

List any other training, skills or qualifications that are applicable to the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Start with your present or last job. Include any military assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

.....

Employer Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

.....

Employer Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

.....

Employer Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

.....

Employer Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

.....

Employer Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Identify and explain any gaps in employment longer than one (1) month.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

List at least three (3) references that are not relatives or former employers

Name	Address	Phone	How do you know this person and for how long?
1.			
2.			
3.			

### APPLICANT'S STATEMENT (Please read carefully)

I certify that all statements given herein are true, complete and accurate to the best of my knowledge. I understand that any false statements or information (misrepresentations or omissions) may be grounds for rejection of my application.

I authorize investigation of all information contained in this application as may be necessary in arriving at a decision for employment.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....

#### For Personnel Department use only

Arrange interview  No  Yes    Date: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No    Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

BY: \_\_\_\_\_  
Name and Title
Date