Town of Coyle

Employment Application

Applicant Information

Full Name: _____   Date:_____

    Last   *First*   *M.I.*

Address: _____

    Street Address   *Apartment/Unit #*

_____

    City   *State*   *ZIP Code*

Phone: _____   Email _____

Date Available: _____   Social Security No.:_____   Desired Salary:$_____

Position Applied for: _____

	YES	NO		YES	NO
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐
Have you ever worked for this company?	☐	☐	If yes, when?_____		
Have you ever been convicted of a felony?	☐	☐			

If yes, explain: _____

Education

High School: _____   Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Diploma::_____

College: _____   Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

Other: _____   Address:_____

From: _____ To:_____ Did you graduate? YES ☐ NO ☐ Degree:_____

References

Please list three professional references.

Full Name: _____   Relationship:_____

Company: _____   Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Full Name: _____ Relationship:_____

Company: _____ Phone:_____

Address: _____

Previous Employment

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone:_____

Address: _____ Supervisor:_____

Job Title: _____ Starting Salary:$_____ Ending Salary:$_____

Responsibilities: _____

From: _____ To:_____ Reason for Leaving:_____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____