



## WORK EXPERIENCE

Please list your work experience (present and past), beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

<b>Name of Employer:</b> <b>Type of Business:</b> <b>Address of Company:</b> <b>City, state, Zip:</b> <b>Phone number:</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Salary</b>
		From: To:	Start: Final:
	Your Last Job Title:		
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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**Name of Employer:**  
**Type of Business:**  
**Address of Company:**  
**City, State, Zip:**  
**Phone number:**

**Name of last supervisor**

**Employment dates**

**Pay or salary**

From:

Start:

To:

Final:

Your Last Job Title:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

What number is the best for us to call you on if we would like to follow-up? \_\_\_\_\_

What is the best time to call? \_\_\_\_\_

If not, who did? \_\_\_\_\_

Have you ever been convicted of a felony?

Yes

No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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## REFERENCES

Please list below three persons who are not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.

Name:		Occupation:
Company name:	Address:	
Telephone:	E-mail:	Years acquainted:
Name:		Occupation:
Company name:	Address:	
Telephone:	E-mail:	Years acquainted:
Name:		Occupation:
Company name:	Address:	
Telephone:	E-mail:	Years acquainted:

## APPLICATION FORM WAIVER – PLEASE READ CAREFULLY

In exchange for the consideration of my job application by the Town of Canton, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town of Canton practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town of Canton, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Town Manager of the Town of Canton. Both the undersigned and/or the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Canton permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Canton from any liability as a result of such contact.

I also understand that (1) the Town of Canton has a drug and alcohol policy that provides for pre-employment testing (as required) as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Town of Canton shall be probationary for a period of six (6) months, and further that at any time during the probationary period or thereafter, my employment relation with the Town of Canton is terminable at will for any reason by either party.

Signature: \_\_\_\_\_

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