TOWN OF SARATOGA
APPLICATION FOR EMPLOYMENT
STATE POLICY EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE:_____

NAME:_____
       LAST   FIRST   MIDDLE INITIAL

ADDRESS:_____

P.O. BOX _____ CITY:_____ STATE:_____ ZIP:_____

PHONE NUMBER: _____e-mail Address:_____

POSITION DESIRED:_____

WHAT IS THE MINIMUM SALARY OR RATE OF PAY THAT YOU EXPECT TO RECEIVE? $_____per_____

WHAT IS THE EARLIEST DATE YOU WOULD BE AVAILABLE TO START WORK?_____

ARE YOU PRESENTLY EMPLOYED?_____ if so, can we inquire of your employer?_____

EMPLOYER:_____PHONE NUMBER:_____

HAVE YOU EVER APPLIED TO THE TOWN OF SARATOGA BEFORE:_____

WHEN:_____ WHERE:_____

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF SARATOGA: YES_____ NO: _____

WHEN:_____

WHAT DEPARTMENT:_____

REASON FOR LEAVING:_____

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EDUCATION
HAVE YOU GRADUATED FROM HIGH SCHOOL?_____ If not, When will you graduate?_____

WHERE:_____ WHEN:_____

IF NOT, DO YOU HAVE G.E.D. OR EQUIVALENT?_____

HAVE YOU ATTENDED COLLEGE? YES:_____ NO:_____ IF YES PLEASE STATE WHERE AND WHEN

WHERE:_____ WHEN:_____

DID YOU GRADUATE: YES:_____ NO:_____
DEGREE:_____

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Have you ever been convicted or charged with a felony or misdemeanor? ___Yes ___No If yes, please explain details in full, including dates, details of the offense(s) charged, jurisdiction and disposition of the case._____

_____
_____
_____
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Please explain any special skills or qualifications that apply to the position_____

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_____
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_____

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REFERENCES
Please give the names of three persons NOT related to you, who you have known at least one year

NAME	ADDRESS	BUSINESS	Telephone Number	Years Acquainted

INFORMATION ABOUT FORMER EMPLOYERS:
PLEASE PROVIDE THE NAMES AND ADDRESSES OF EMPLOYERS FOR THE PAST EIGHT YEARS
PLEASE INCLUDE DATES OF EMPLOYMENT, SALARY, POSITION AND REASON FOR LEAVING

(1) FROM:_____ TO:_____
NAME:_____
ADDRESS:_____
BUSINESS:_____
Telephone Number:_____
_____

(1) FROM:_____ TO:_____
NAME:_____
ADDRESS:_____
BUSINESS:_____
Telephone Number:_____
_____

(1) FROM:_____ TO:_____
NAME:_____
ADDRESS:_____
BUSINESS:_____
Telephone Number:_____
_____

(1) FROM:_____ TO:_____
NAME:_____
ADDRESS:_____
BUSINESS:_____
Telephone Number:_____
_____

(1) FROM:_____ TO:_____
NAME:_____
ADDRESS:_____
BUSINESS:_____
Telephone Number:_____
_____

(1) FROM:_____ TO:_____
NAME:_____
ADDRESS:_____
BUSINESS:_____
Telephone Number:_____
_____

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POOL APPLICANTS

LIFEGUARDING APPLICANTS: **Please answer Yes or No.**   **If yes, please explain.**

Certifications: Lifeguard_____   _____

First Aid: _____   _____

CPR:_____   AED:_____   _____

Other: _____

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I certify that the above answers are true and correct to the best of my knowledge, I authorize THE TOWN OF SARATOGA to investigate any statement made in this application. I understand that this application is not and is not intended to be a contract or any kind of agreement. In the event of employment, I understand that any false or misleading information given on my application, correspondence, discussions or interviews may result in immediate termination. I understand also, that I am required to abide by all rules and regulations and polices of the Town of Saratoga.

APPLICANTS SIGNATURE:_____ **DATE:**_____

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Please provide any other information that you feel will help us in considering your application_____

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INTERVIEWED BY:_____ **DATE:**_____

INTERVIEWED BY:_____ **DATE:**_____

INTERVIEWED BY:_____ **DATE:**_____

REMARKS:_____

_____

NEATNESS:_____ **PERSONALITY:**_____

CHARACTER:_____ **ABILITY:**_____

HIRED:_____**DEPARTMENT:**_____**POSITION:**_____

DATE TO START:_____ **SALARY/WAGE:**_____

ADDITIONAL REMARKS:

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