

**Town of Center Road Supervisor  
Application for Employment  
(Pre-Employment Questionnaire) (An Equal Opportunity Employer)**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen or approved to work in the United States? Yes No

Are you employed now? Yes No If yes, where are you employed? \_\_\_\_\_

May we contact your present employer? Yes No

Available Start Date: \_\_\_\_\_

**JOB SKILLS /QUALIFICATIONS**

Please list below the skills and qualifications you possess for the position for which you are applying.

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**EDUCATION/TRAINING**

TYPE OF SCHOOL	NAME OF SCHOOL	NUMBER OF YEARS COMPLETED	DEGREE EARNED
HIGH SCHOOL			
COLLEGE			
SPECIALIZED TRAINING			

Other training, certifications or licenses held: \_\_\_\_\_

Do you have a valid driver's license? Yes No Driver's License #: \_\_\_\_\_

Have you had any accidents during the past three years? Yes No How many? \_\_\_\_\_

Have you had any moving violations during the past three years? Yes No How many? \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PREVIOUS EMPLOYMENT

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

Job Title: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

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

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

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I agree to a pre-employment drug screen and background check.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

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

\_\_\_\_\_  
Date