

FISHERS ISLAND WASTE MANAGEMENT DISTRICT

EMPLOYMENT APPLICATION

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City			State			ZIP						
Phone			E-mail Address									
Date Available			Social Security No.			Desired Salary						
Position Applied for												
Are you 18 years or older?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To

DISCLAIMER AND SIGNATURE
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>
<p>Signature _____ Date _____</p>