



Employment Application

Personal Information

Full Name: _____ Email Address: _____

Phone Number: _____ Drivers License Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Are you at least 18 years of age (Yes / No): _____ Birth Date: _____

Position Applied For: _____

Availability

Are you legally eligible to work in the United States? (Yes/No): _____

Are you available to work full-time, part-time, or on a seasonal basis? Please specify availability: _____

Education

Highest Level of Education Completed: _____

Name of School/College/University: _____

Location: _____

Degree/Diploma/Certificate Earned: _____

Graduation Year: _____

Work Experience: *Please list your relevant work experience, starting with the most recent.*

1. Company/Organization Name: _____

Position Held: _____

Dates of Employment (Month/Year - Month/Year): _____

Responsibilities/Key Achievements: _____

2. Company/Organization Name: _____

Position Held: _____

Dates of Employment (Month/Year - Month/Year): _____

Responsibilities/Key Achievements: _____

3. Company/Organization Name: _____

Position Held: _____

Dates of Employment (Month/Year - Month/Year): _____

Responsibilities/Key Achievements: _____

Skills: Please list any skills or qualifications relevant to the position applied for:

References: Please provide contact information for two professional references.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Email Address: _____ Email Address: _____

Additional Information: Is there anything else you would like us to know about you or your qualifications for this position?

Certification: By submitting this application, I certify that all information provided is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from consideration for employment or termination if discovered after employment. I hereby authorize the Town of Dillsboro to conduct a background check as part of the application process, including but not limited to verification of employment history, education, and criminal history. I understand that the results of this background check may be used in determining my eligibility for employment. Please sign your full name to signify your agreement with this certification and authorization.

Signature

Date

Please submit your completed application form along with any additional materials (resume, cover letter, etc.) to the Town Manager at manager@townofdillsboro.com / 13030 Executive Drive, PO Box 127 Dillsboro, IN 47018. If you have any questions or need further assistance, please don't hesitate to contact us. Thank you for your interest in joining our team, we look forward to reviewing your application!