Town of Camden
EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME:_____

        First   Middle   Last

ADDRESS:_____

    Street Address   Apt/Suite

    City   State   Zip Code

E-MAIL:_____ **PHONE:**_____

SOCIAL SECURITY NUMBER (SSN):_____

DATE AVAILABLE:_____ **DESIRED PAY**: $_____ ☒ HOUR ☐ SALARY

POSITION APPLIED FOR:_____

EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME ☐ SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? ☐ YES ☐ NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? ☐ YES ☐ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

*IF YES, PLEASE EXPLAIN:_____

DO YOU HOLD A VALID DRIVER'S LICENSE? ☐ YES* ☐ NO **IF SO, PLEASE PROVIDE A COPY OF YOUR CURRENT DRIVER'S LICENSE.**

EDUCATION

HIGH SCHOOL:_____ CITY / STATE:_____

FROM:_____ TO:_____

GRADUATE? ☐ YES ☐ NO DIPLOMA:_____

COLLEGE:_____ CITY / STATE:_____

FROM:_____ TO:_____

GRADUATE? ☐ YES ☐ NO DEGREE:_____
OTHER DEGREES OR CERTIFICATIONS:_____

09/2022

PREVIOUS EMPLOYMENT

CURRENT/LAST EMPLOYER (may we contact current employer?)   Y or N

Company/Individual

E-MAIL:_____PHONE:_____

ADDRESS**:**_____

      Street Address   Apt/Suite

      City   State   Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE:_____RESPONSIBILITIES:_____

FROM:_____ TO:_____

REASON FOR LEAVING:_____

PREVIOUS EMPLOYER 1:

Company / Individual

E-MAIL:_____ PHONE:_____

ADDRESS**:** _____

      Street Address   Apt/Suite

      City   State   Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY

JOB TITLE:_____RESPONSIBILITIES:_____

FROM:_____ TO:_____
REASON FOR LEAVING: _____

PREVIOUS EMPLOYER 2:

      Company / Individual

E-MAIL:_____PHONE:_____

ADDRESS**:**_____

      Street Address   Apt/Suite

      City   State   Zip Code

STARTING PAY: $_____ ☐ HOUR ☐ SALARY ENDING PAY: $_____ ☐ HOUR ☐ SALARY
JOB TITLE:_____ RESPONSIBILITIES:_____

FROM: _____TO:_____

REASON FOR LEAVING:_____

REFERENCES

FULL NAME: _____ RELATIONSHIP:_____
       First   Last

COMPANY:_____ TITLE:_____

E-MAIL:_____ PHONE:_____

FULL NAME: _____ RELATIONSHIP:_____
       First   Last

COMPANY:_____ TITLE:_____

E-MAIL:_____ PHONE:_____

FULL NAME: _____ RELATIONSHIP:_____
       First   Last

COMPANY:_____ TITLE:_____

E-MAIL:_____ PHONE:_____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated. If this application leads to my eventual employment, I understand that I must pass a background check including driver's license record and pass a physical examination prior to being hired and I agree to the background check and a physical examination.

SIGNATURE_____ DATE_____

PRINT NAME _____

BACKGROUND INVESTIGATION
AUTHORIZATION FORM

I, _____, understand that in order to assess my qualifications for any position for the Town of Camden, a background investigation is necessary. I, therefore, authorize the Town of Camden to conduct an investigation which may include, but not be limited to, verification of information provided by me to the Town of Camden contacting persons, institutions, government, and law enforcement agencies for character references and driving record; contacting employers for performance information; and verifying educational attainment. All the information and materials I have provided to the Town of Camden as part of the employment process are accurate and truthful.

I authorize all my present and previous employers, or references, to furnish information concerning my personal character, habits, or employment performance. I also authorize schools, which I have attended, to provide verification of educational attainment and other relevant information.

_____
Signature of Applicant   Printed Name

_____
Maiden Name (if applicable)   Date of Birth

_____
Social Security Number   Driver's License #/State

_____
Date

Internal Use Only:
Date Background Check Completed: _____   Pass/Fail_____
Notes:_____
Conducted By:_____