

NEW BUFFALO TOWNSHIP

Employment Application

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE – Please fill out the application completely in addition to an attached resume

PERSONAL INFORMATION

Date: _____

Name _____
(Last) (First) (Middle)

Current Address _____
(Number) (Street) (City, State, Zip)

How long have you lived at this residence? _____

Are you 18 years or older? () Yes () No Are you legally eligible for employment in the U.S.?* () Yes () No

Have you applied here before? () Yes () No If yes, when _____

Have you previously worked for New Buffalo Township? () Yes () No
 If yes, give dates, position(s) _____

Home phone # _____ Alternate phone # _____

** New Buffalo Township conforms to the Immigration Reform and Control Act of 1986 which requires you to furnish documentation showing your identity and legal authorization to work in the United States once you have been offered employment.*

EMPLOYMENT DESIRED

Employment type desired: () Full-Time Only () Part-Time Only () Full- Or Part-Time () Seasonal

Position applying for: _____

How many hours can you work weekly? _____ Can you work: () Nights () Weekends () Holidays

If part time or seasonal, please specify days, hours, or time of year sought: _____

Available start date: _____

EDUCATION

	SCHOOL & ADDRESS	YEARS ENROLLED	GRADUATION YEAR	MAJOR SUBJECTS/DEGREES
High School				
College				
Bus or Trade School				
Other education				

MILITARY

Have you served in the United States Armed Forces? () Yes () No Which Branch? _____
Date Entered _____ Discharge Date _____

EMPLOYMENT HISTORY

Attach resume in addition to providing the requested information below. Please list all employers for the past 10 years in consecutive order, starting with the most recent. Attach additional sheets if necessary.

Name of Employer _____ Start date _____ End date _____
Type of Business _____ Telephone # _____
Address _____
Name of last supervisor _____ May we contact this employer? () Yes () No
Job Title _____
Reason for leaving (be specific) _____
What did you like about this job? _____
What did you dislike about this job? _____

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Type of Business _____ Telephone # _____
Address _____
Name of last supervisor _____ May we contact this employer? () Yes () No
Job Title _____
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What did you like about this job? _____
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Name of last supervisor _____ May we contact this employer? () Yes () No

Job Title _____

Reason for leaving (be specific) _____

What did you like about this job? _____

What did you dislike about this job? _____

REFERENCES

Please give the names of three persons, not related to you, whom you have known for at least one year. Do not list any supervisors you have listed in the Employment History section.

Name	Address	Phone	Occupation	Years Known
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