

EDUCATION

<input type="checkbox"/> Yes High School Graduate / GED Certification? If yes, list name of school: _____ <input type="checkbox"/> No If no, indicate grade completed _____			
<input type="checkbox"/> Vocational / Technical School: _____		Hours Completed: _____	
<input type="checkbox"/> Major/ Field Studied: _____			
<input type="checkbox"/> Business College: _____		Hours Completed: _____	
<input type="checkbox"/> Major/ Field Studied: _____			
<input type="checkbox"/> College or University			
UNDERGRADUATE		GRADUATE	
School(s)		School(s)	
Major Field(s)		Major Field(s)	
Hours Completed:		Hours Completed:	
Degree(s) Received: Can you supply these records if requested? <input type="checkbox"/> YES <input type="checkbox"/> NO			
1. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:
2. License/Certificate Issued by:			
Field / Trade / Specialization:	Lic. / Cert. Number:	Issue Date:	Exp. Date:

****Must be able to provide copies of licenses and certificates prior to being scheduled for an interview.**

Do you currently have a valid Driver's License? YES NO If yes, State of Issue: _____

State any additional information you feel may be helpful to us in considering your application.

The Town of Red River is a designated zero tolerance drug-free and violence free workplace. Are you willing to submit to a full background check, drug screening and alcohol screening?

YES NO

If no, please explain: _____

PROFESSIONAL REFERENCES (Please provide at least three (3) who are not relatives or personal references)

Name:	Phone Number:	Company:

EXPERIENCE

May inquiry be made of your current and past employers regarding your character, qualifications and record of employment?

Yes No If no, please indicate to which employers it applies to and why:

Note: Volunteer or unpaid but relevant experience may be considered in the same manner as paid experience. Verification of Volunteer duty will be required.

1	Employer's Name or Organization Volunteered With		Kind of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address Zip	No. & Street/P.O. Box	City	State	Your Job Title	
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$	
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)			Location of employment (City & State) if different from employer's address			
Duties:						
Reason For Leaving:						Do Not Write In This Area
						Years Months

2	Employer's Name or Organization Volunteered With		Kind of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address Zip	No. & Street/P.O. Box	City	State	Your Job Title	
Supervisor's Name	Phone Number	Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$	
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)			Location of employment (City & State) if different from employer's address			
Duties:						
Reason For Leaving:						Do Not Write In This Area
						Years Months

3	Employer's Name or Organization Volunteered With		Kind of Business		From (Mo./Yr.)	To (Mo./Yr.)
	Employer's Address Zip	No. & Street/P.O. Box	City	State	Your Job Title	
Supervisor's Name	Phone Number		Check One <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Hours Per Week	START Mo. Pay \$	LAST Mo. Pay \$
If you supervised employees, please indicate number and give dates. No. From (Mo./Yr.) To (Mo./Yr.)			Location of employment (City & State) if different from employer's address			
Duties:						
Reason For Leaving:						Do Not Write In This Area
						Years Months

Note: For additional experience blocks, please use continuation sheet.

I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application may be sufficient cause for rejection of this application or dismissal after employment. I give the Town of Red River the right to investigate all references and to secure additional information about me and my prior work history as indicated herein. I hereby release from liability the Town of Red River, its representatives, all references, schools and/or previous employers for furnishing such information. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection pursuant to law.

Signature of Applicant

Date

THANK YOU FOR YOUR INTEREST IN THE TOWN OF RED RIVER