



Town of Superior Mission Statement

The Town of Superior, in our continuous pursuit of EXCELLENCE, is committed to provide the highest quality of municipal services in a professional, cost effective manner through communication and interaction with the community.

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, and state equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him / herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional public scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME <small>(As it appears on Social Security Card / Work Permit Card)</small>	<small>Last</small> <small>First</small> <small>M.I.</small>		
ADDRESS			
CITY, STATE, ZIP			
HOME TELEPHONE	MESSAGE CONTACT		
	<small>Name</small>		<small>Area Code</small> <small>Number</small>
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER NAMES YOU HAVE USED:			
POSITION APPLIED FOR:		SALARY REQUIREMENTS:	
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN?			
DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT <input type="checkbox"/> NO <input type="checkbox"/> YES <small>If Yes, Give location, date, charge and disposition of case(s) on a separate page</small>	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# _____ STATE _____		CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO

If you have served in the U.S. Military, please provide the following U.S. MILITARY SERVICE

Information:

From: _____ To: _____
Dates Served Branch of Service Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS & YEAR COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC and OTHER ORGANIZATIONS (Job Related) <small>Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status</small>	NAME	DATE	NAME	DATE

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.
BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER: _____ YOUR SUPERVISOR _____

ADDRESS: _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ ANNUAL MONTHLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER: _____ YOUR SUPERVISOR _____

ADDRESS: _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ ANNUAL MONTHLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER: _____ YOUR SUPERVISOR _____

ADDRESS: _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ ANNUAL MONTHLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER: _____ YOUR SUPERVISOR _____

ADDRESS: _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ ANNUAL MONTHLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____

EMPLOYER: _____ YOUR SUPERVISOR _____

ADDRESS: _____ PHONE _____

TYPE OF BUSINESS _____ REASON FOR LEAVING _____

BASE SALARY _____ / _____ ANNUAL MONTHLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____

RELATIONSHIP _____

(No Relatives)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____

RELATIONSHIP _____

(No Relatives)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____

RELATIONSHIP _____

(No Relatives)

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DAYTIME PHONE _____

RELATIONSHIP _____

(No Relatives)