APPLICATION FOR EMPLOYMENT - TOWN OF ANDOVER

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

THE TOWN OF ANDOVER WILL NOT, EXCEPT IN TIM CASE OF A BONA FIDE OCCUPATIONAL QUALIFICATIONOR NEED, OR EXCEPT AS OTHERWISE PERMITTED OR REQUIRED BY LAW, DISCRIMINATE.ON THE RASIS OF RACE, COLOR, RELIGIOUS CREED, AGE, .SEX, MARITAL STATUS, SEXUAL ORIENTATION, NATIONAL. ORIGIN, ANCESTRY, PAST OR PRESENT HISTORY- OF MENTAL DISORDER, MENTAL RETARDATION, LEARNING DISABILITY OR PHYSICAL DISABILITY, WITH RESPECT TO HIRING, COMPENSATION, PROMOTION, DISCHARGE FROM EMPLOYMENT OR OTHER TERMS AND CONDITIONS OF EMPLOYMENT.

i PERSONAL INFORMATION				DATE			
NAME: (Last, First, Midd	le)						
Current Address:							
Permanent Address:							
Phone No:							
ARE YOU EITHER A U.S. CI	TIZEN OR AN ALIEN AUT	HORIZED TO WOR	K IN THE UNITED	STATES? 0 YES	0 NO		
EMPLOYMENT DESIRED		Position:					
Date you can start:		Salary Desired:					
Are you employed now?		If so, may we inquire of your present employer?					
Ever applied before?	applied before? When:		Referred By:				
EDUCATION	Name and Location of School		No. of yrs attended	Did you graduate?	Subjects Studied		
Grammar School				A. a.a.a.co.	Staalea		
High School							
College							
Trade, <i>Business</i> or Correspondence School							
GENERAL				•			
Subjects of Special Study or Research Work:							
Special Skills:							
Activities: (Civic; Athletic, Etc.) Exclude Organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members:							
U.S. Military or Naval Service: Rank: -							

Revised 12.12.18

(CON'TINUED ON OTHER SIDE)

FORMER EN	IPLOYERS (LIST BELOW LAST THR	EE EMPLOYERS, STARTI		NE FIRST.)
Date (Month & Year)	Name & Address of Employer	Salary	Position	Reason for Leaving
		"··		Leaving
Which of these jobs di	d vou like heet?!			
willen of these jobs uf	u you like best!			
What did you like mos	t about this job?			
	AMES OF THREE PERSONS NOT RI	ELATED TO YOU, WHON	A YOU HAVE KNO	WN AT' LEAST
ONE YEAR. Name	Addres		Busines	Years
1.	<u> </u>		·	Acquainted
2.				
3.				
parties from all liability I understand and agree the payment of my wages an	my previous employment and ar for any damage that may result for hat if hired, my employment is for d salary, be terminated at any time	rom furnishing same to no definite period and m e without prior notice an	you.	the date of
SIGIVITORE	•	D/\\\L		
DO NOT WRITE BELOW	THIS LINE			
Interviewed by:		-		Date:
Remarks:				
Neatness:				
Hired: 0 Yes 0 No	Position:	Dept		
Salary/Wage:	Date Rep	orting to Work:		
Approved: (Dept. Hea	ad)			
Approved: (General N	Лanager)			