

## **Town of Strasburg**

The Town of Strasburg does not discriminate based on race, color, national origin, religion, sex, gender identity, (including gender expression) sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance programs, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program of activity funded by USDA Rural Development.

**Employment Application** 

Applicant Information							
Full Name:	Last	First			M.I.	Date:	
Address:	2001	1 // 01					
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:				Email			
Date Availal	ole:				Desired	Salary: <u>\$</u>	
Position App	blied for:						
Are you a ci	tizen of the United States?	YES	NO □	If no, are you author	rized to wo	YES rk in the U.S.? □	NO □
Have you ev	ver worked for the Town of Stra		YES	NO If yes, when:			

	Educa	ation		
High School:	Address:			
	Did you graduate?	YES	NO □	Diploma:
College:	Address:_			
	Did you graduate?	YES	NO □	Degree:
Other:	Address:			
	Did you graduate?	YES	NO □	Degree:

### References

Please list thr	ee professional references.			
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
Full Name:				Relationship:
Company:				Phone:
Address:				
	Previous Employment (ir	ncluding	military	service)
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	alary: <b>\$</b>		Ending Salary: <b>\$</b>
Responsibilitie	s:			
From:	То:	Reason fo	or Leaving:	
		YES	NO	
May we contac	ct your previous supervisor for a reference?			
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	alary: <b>\$</b>		
Responsibilitie	S:			
From:	То:	Reason fo	or Leaving:	
May we contac	ct your previous supervisor for a reference?	YES		
Company:				Phone:
Address:				
Job Title:				

Responsibilities:			
From: To:	Reason fo	or Leavin	ng:
May we contact your previous supervisor for a reference?	YES	NO □	Please attach additional pages, if needed, detailing additional work history.
Professional Licer	nse or Me	mbers	
Professional License:			
License Expiration Date: State of V	A License N	Number	(If applicable):
Professional Memberships:			
Disclaimer a	nd Signa	ture	

#### If you would like to include any additional information as part of your application, please feel free to attach additional sheets.

I understand that the completion of this application does not constitute an offer of employment or an employment contract. I understand that if employment is offered, such an offer is contingent upon satisfactory completion of a drug test, background check, and a physical (Public Safety employees).

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Town of Strasburg to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Strasburg from any/all liability of whatever kind and nature which, at any time, could result from obtaining and basing an employment decision on such information.

I understand that falsified statements of any kind or omissions of facts called for on this application may result in disqualification for consideration for employment or, if already employed, grounds for immediate dismissal.

I understand that should an employment offer be extended to me and accepted, I will fully adhere to the policies, rules and regulations of employment of the Town of Strasburg. However, I further understand that neither the policies, rules, regulations of employment, nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Town of Strasburg may terminate my employment at any time with or without notice or cause.

Signature:

Date:



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### **Demographic Information Disclosure Statement**

Reference ECOA (section 202.13b)

• "The following information is requested by the Federal Government in order to monitor compliance with Federal law prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/ethnicity of individual applicants on the basis of visual observation or surname."

# Completion of this form is voluntary. There will be no impact on your application if you choose not to answer any of these questions.

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Do not wish to answer.

Gender (Check one)

Male

- Female
- Other

### Ethnicity

**Hispanic or Latino** – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic or Latino

### Race (Check all that apply)

American Indian or Alaska Native – a person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

Black or African American – a person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.