



Silverton Together
Application for Employment

Contact Information

Last Name _____ First _____ MI _____

Street _____

City _____ State _____ Zip _____

Phone _____ Business/Message No. _____

Social Security No. _____

E-Mail _____

How did you find out about this position? _____

General Information

Date Available for work _____

What work schedule will you accept?

Full-Time _____ Temporary _____ Part time _____

What hours would you accept?

Days Weekends Evenings Holidays Nights

Have you completed an employment application or been employed with Silverton Together before? Yes No

If yes, when? _____ Name if different on prior application _____

Have you been convicted for a felony?

Yes No

If yes, please explain (conviction will not necessarily disqualify an applicant from employment.)

Driver's license number (if required for position) _____

List your previous employers, starting with the most recent. Include self-employment, summer and/or volunteer work.

1. Date Started: _____ Date Ended: _____

Job Title _____

Salary Start _____ Salary End _____

Company Name: _____

Address: _____

Telephone: _____

Description of Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving (please state if resigned or discharged): _____

Name used during this employment if different than name on the application: _____

May we contact for reference? Yes No Later _____

2. Date Started: _____ Date Ended: _____

Job Title _____

Salary Start _____ Salary End _____

Company Name: _____

Address: _____

Telephone: _____

Description of Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving (please state if resigned or discharged): _____

Name used during this employment if different than name on the application: _____

May we contact for reference? Yes No Later _____

3. Date Started: _____ Date Ended: _____

Job Title _____

Salary Start _____ Salary End _____

Company Name: _____

Address: _____

Telephone: _____

Description of Duties: _____

Supervisor's Name & Title: _____

Reason for Leaving (please state if resigned or discharged): _____

Name used during this employment if different than name on the application: _____

May we contact for reference? Yes No Later _____

Continue on a separate page if necessary

How many years of experience do you have that are directly related to the position for which you are applying?

- 0-2 years 2-5 years 5-10 years 10+ years

Can this be verified? Yes No

Education, Technical Training and Job Skills

High School

Name of School: _____

Location: _____

Degree(s) Obtained/Years Completed: _____ Graduate/GED Yes No

College

Name of School: _____

Location: _____

Degree(s) Obtained/Years Completed: _____

Name of School: _____

Location: _____

Degree(s) Obtained/Years Completed: _____

Other Educational

Name of School(s): _____

Location: _____

Certifications/Degree(s) Obtained/Years Completed: _____

Special training / skills / foreign languages

List other skills/software programs/knowledge/background experience acquired or relevant to the position for which you are applying

If you are fluent in a foreign language, please specify the language(s):

Language: _____ Write Only Speak Only Write and Speak (please circle)

Language: _____ Write Only Speak Only Write and Speak (please circle)

Professional or Business Reference

Name _____

Relationship _____

Name of Business _____

Address _____

Telephone Number _____

Name _____

Relationship _____

Name of Business _____

Address _____

Telephone Number _____

Name _____

Relationship _____

Name of Business _____

Address _____

Telephone Number _____