



Town of Cairo Application for Employment

Please TYPE or PRINT clearly. This application must be signed personally by the applicant. Each question must be answered in full. If answer is NO, or none, indicate same. The Town of Cairo is an Equal Opportunity Employer and subscribes to all Federal and State statutes which prohibit discrimination. The Town of Cairo considers all applications for all positions without regard to race, color, religion, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the human resources department. This application is for internal use only by the Town of Cairo and should not be filed with the Greene County Civil Service Department unless so authorized.

Name: Last First M.I. Phone Number

Address: Street City State Zip

Are you 18 years of age or older? Yes or No Are you employed now? Yes or No

If so, may we inquire of your present employer? Yes or No

Position applied for: _____ Rate of Pay expected \$ _____/wk

Other positions qualified for: _____

Are you legally eligible for employment in the United States? Yes or No

Shifts you can work: Full Time _____ Part Time _____ Day _____ Evening _____ Night _____

Special Licenses or Certifications: _____ Expiration Date _____

Have you ever been convicted of a felony or misdemeanor? Yes or No

If yes, list the specific nature and details of the crime, dates, court location, sentencing information, and disposition of sentence. Please note: The Town of Cairo reserves the right to reject individuals for employment regarding job-related convictions. A conviction record will not necessarily be a bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Have you ever been employed by the Town of Cairo? Yes or No

Americans with Disabilities Act Clarification:

If a job description has been provided, you can perform the essential job functions of the position you have applied for with or without reasonable accommodation? Yes or No

Education: Highest Level Completed _____ Degree Obtained _____
Name & Location of School _____
Graduate of Business or Vocational School, or Other Training Skills: _____

Military Service: Branch _____ Yrs. Served _____ Military Training/Experience _____

Employment Record (Please list most recent first)

Company Name: _____ Address: _____
Phone _____ Contact Person: _____
Your Position: _____ Salary: _____ Start Date _____ End Date _____
Reason for leaving: _____
Duties and Responsibilities: _____

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Your Position: _____ Salary: _____ Start Date _____ End Date _____
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Phone _____ Contact Person: _____
Your Position: _____ Salary: _____ Start Date _____ End Date _____
Reason for leaving: _____
Duties and Responsibilities: _____

Business References: Other than Relatives or former Supervisors (list three)

Name Complete Address Phone Occupation Yrs. Known

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I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state, and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the Federal Department of Transportation regulations, including controlled substances and alcohol use testing Part 382, I understand that as a condition for employment with the Town of Cairo, a pre-employment controlled substance test will be required and must be passed.

Signature of Applicant: _____ Date: _____