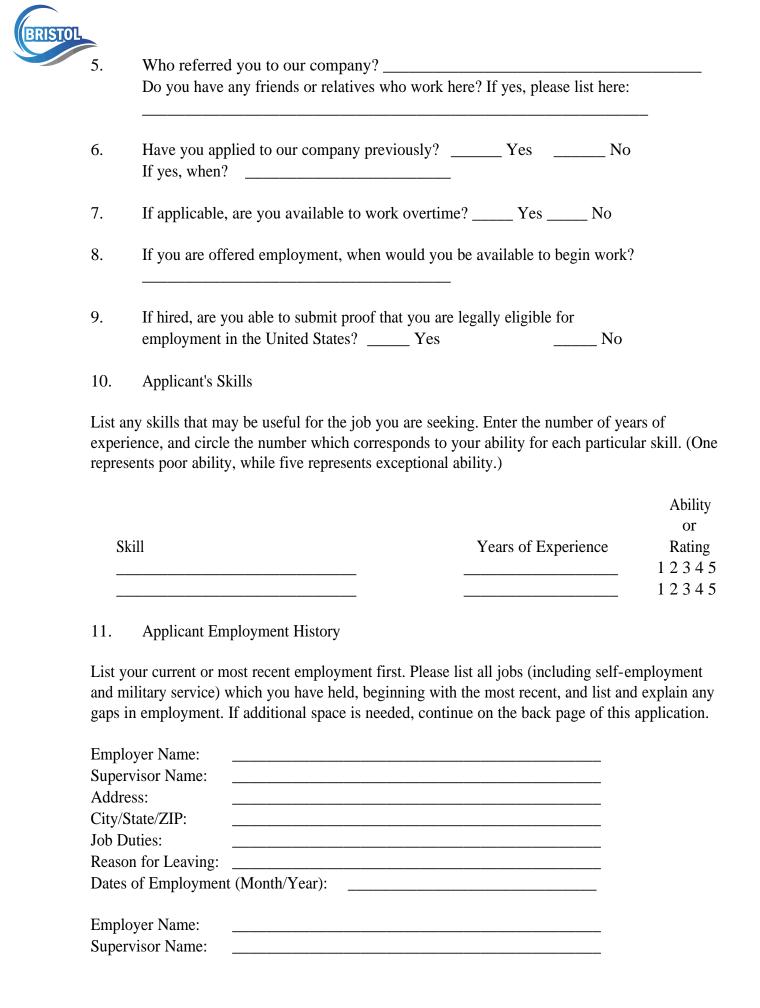


## EMPLOYMENT APPLICATION

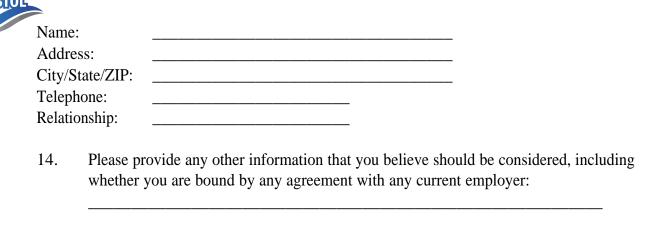
Please complete the entire application.

1.	Employer Inf	ormation
Emplo	oyer:	Town of Bristol
Address:		303 East Vistula Street P.O. Box 303
City/S	state/ZIP:	Bristol, Indiana 46507
Telepl	none:	574-848-7007
emplo	yees without re	on of Bristol to provide equal employment opportunities to all applicants and gard to any legally protected status such as race, color, religion, gender, isability or veteran status.
2.	Applicant Info	ormation
Applio	cant Full Name:	
Home	Address:	
City/S	state/ZIP:	
Numb	er of years at th	nis address:
		Evening phone:
Mobil	e phone:	
Social	_	per:
Drive	r's License (Star	te/Number):
3.	Emergency C	Contact
Who s	should be conta	cted if you are involved in an emergency?
Conta	ct Name:	
Relation	onship to you:	
Addre	ess:	
City/S	state/ZIP:	
Daytir	ne phone:	Evening phone:
4.	Job Position	Applied For:

Full or Part Time?



Address:  City/State/ZIP:  Job Duties:  Reason for Leaving:  Dates of Employment (Month/Year):
Employer Name:  Supervisor Name:  Address:  City/State/ZIP:  Job Duties:  Reason for Leaving:  Dates of Employment (Month/Year):
12. Applicant's Education and Training
College/University Name and Address
Did you receive a degree? Yes No If yes, degree(s) received:
High School/GED Name and Address
Did you receive a degree? Yes No
Other Training (graduate, technical, vocational):
Please indicate any current professional licenses or certifications that you hold:
Awards, Honors, Special Achievements:
13. References
List any two non-relatives who would be willing to provide a reference for you.
Name: Address: City/State/ZIP: Telephone: Relationship:





## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Town of Bristol to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Supervisor, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Town of Bristol, except in a specific written contract of employment signed on behalf of the organization by its Supervisor, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE