

TOWN OF SHERMAN

Date:

Last Name	First Name	Middle Name
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Present Address (number, street, city, state, zip code)	Home Phone
E-Mail Address	Alternate Phone

What Shift(s) are you available to work? <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Rotating <input type="checkbox"/> Weekend <input type="checkbox"/> Non-Standard	Types of Employment Preferred (Check more than one box if desired) <input type="checkbox"/> Permanent (Full Time) <input type="checkbox"/> Permanent (Part Time) <input type="checkbox"/> Temporary (Full Time) <input type="checkbox"/> Temporary (Part Time) <input type="checkbox"/> On Call <input type="checkbox"/> Project/Contract <input type="checkbox"/> On Call Temporary <input type="checkbox"/> Apprentice <input type="checkbox"/> Internship
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What days are you available to work? <input type="checkbox"/> Monday-Friday <input type="checkbox"/> Weekends Only <input type="checkbox"/> Non-Standard <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Do you have transportation available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Desired Salary	

EDUCATION AND TRAINING

Check the box next to the highest grade or year completed in school: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	Do you have a High School Diploma, HSED, or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest grade completed in college	

Name of School	Dates Attended		Course(s) of Study	Degree / Awards
	From	To		

CERTIFICATIONS, LICENSES, AWARDS

WORK EXPERIENCE		
Employer	From (Month/Year)	To (Month/Year)
City, State		
Your Title(s)		
Your Duties		
Employer	From (Month/Year)	To (Month/Year)
City, State		
Your Title(s)		
Your Duties		
Employer	From (Month/Year)	To (Month/Year)
City, State		
Your Title(s)		
Your Duties		

SPECIFIC SKILLS

References available upon Request