

TOWN OF BRUNSWICK EMPLOYMENT APPLICATION

EDUCATION:

	Name of School	Location	Graduated Yes/No	Date Graduated
Jr. High				
High School				
College				
Other				

EXPERIENCE:

1)Employer: _____ Address: _____

Supervisor: _____ Title: _____

Type of Business: _____ Telephone: _____

Date of Employment: _____ Length of Employment: _____

2)Employer: _____ Address: _____

Supervisor: _____ Title: _____

Type of Business: _____ Telephone: _____

Date of Employment: _____ Length of Employment: _____

3)Employer: _____ Address: _____

Supervisor: _____ Title: _____

Type of Business: _____ Telephone: _____

Date of Employment: _____ Length of Employment: _____

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

Signature of Applicant: _____ Date: _____

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EMERGENCY SHEET:

Name of Immediate Family _____

In case of an emergency, please contact the following:

Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Telephones: (H) _____ (W) _____ Cell _____

Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Telephones: (H) _____ (W) _____ Cell _____

MEDICAL CONTACT:

Physician: _____ Telephone: _____

Address: _____ City: _____ State: _____

Please list any allergies that you may have: _____

Please note any special medical conditions and/or special medical instructions:
