

Town of Clover
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

FORMER EMPLOYERS (List below last four employers, starting with last one first)

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year.

Name	Address	Business	Yrs Acquainted
1			
2			
3			

In Case of an Emergency Notify _____
Name Address Phone

DISCLAIMER

ALL EMPLOYEES OF THE TOWN ARE EMPLOYED AT-WILL AND MAY QUIT OR BE TERMINATED AT ANY TIME AND FOR ANY REASON. NOTHING IN ANY OF THE TOWN'S RULES, POLICIES, HANDBOOKS, PROCEDURES OR OTHER DOCUMENTS RELATING TO EMPLOYMENT CREATES ANY EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. NO PAST PRACTICES OR PROCEDURES, WHETHER ORAL OR WRITTEN, FORM ANY EXPRESS OR IMPLIED AGREEMENT TO CONTINUE SUCH PRACTICES OR PROCEDURES. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE LIMITATIONS SET FORTH IN THIS PARAGRAPH CREATE ANY CONTRACT OR EMPLOYMENT UNLESS: 1) THE TERMS ARE PUT IN WRITING; 2) THE DOCUMENT IS LABELED "CONTRACT"; 3) THE DOCUMENT STATES THE TERM OF EMPLOYMENT; AND 4) THE DOCUMENT IS SIGNED BY THE MAYOR OR APPROVED BY VOTE OF COUNCIL.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT AND I AUTHORIZE RELEASE, WITHOUT RESERVATION ANY PERSONAL INFORMATION NECESSARY TO COMPLETE MY EMPLOYMENT APPLICATION.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

SIGNATURE _____ DATE _____

TOWN OF CLOVER
AUTHORIZATION FOR RELEASE OF INFORMATION

This certifies the application materials completed and submitted by me and all entries and information contained therein are true and complete and failure to fully and truthfully answer any part may, at the sole discretion of the Town of Clover, subject me to immediate dismissal.

I hereby authorize my former employers and/or references to furnish any information concerning my personal character, habits, or employment record, and I hereby release all such persons from any liability or damages on account of having furnished this information. I further authorize my former employers to release any positive drug test results or alcohol tests greater than 0.04 or any refusals to be tested. I also agree to furnish such additional information and complete such examinations as may be required by the Town of Clover.

It is agreed and understood this application for employment in no way obligates the Town of Clover to employ me. I also understand and agree that if hired, my first six months employment shall be on a probationary basis, and the probationary period does not end until the department head submits a personnel action request. I further understand that during the probationary period the employer may terminate my employment without any recourse on my part.

I hereby authorize the Town of Clover to investigate the information contained in my employment application materials and to do all that is necessary to verify the accuracy of the information. I further authorize any past or present employer, any law enforcement agency, or any school or personal reference to release to the Town of Clover, any and all information contained in my work records, police record, school record, and personal references.

I hereby release any past or present employers, any law enforcement agency, any schools, personal references and any and all of their employees from any liability in furnishing such information to the Town of Clover.

A copy of this release shall be effective and valid as the original.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE TOWN OF CLOVER TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

I have read and understand the above statement.

Signature _____ Date _____