

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 Phone #	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	Phone #	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 _____