## **Town of Embden**

## APPLICATION FOR APPOINTMENT

The Town of Embden considers applicants for all appointed positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

Position Applied For	Da	Date of Application		
Last Name	First Name		Middle Initial	
Address	City	State	Zip Code	
Telephone Number(s) (indic	ate home or work or ce	11)		
Date Available:	_			
Have you been convicted of <i>Conviction will not necessar</i> If Yes, explanation:	•	•		
Education (School name and	l location):			
Course of Study or Degree:				
State any additional informa application (i.e. references, e		elpful to us in c	considering your	
Applicant's Statement				
I certify that the information given authorize investigation of all states misleading information given in m. I understand and acknowledge that relationship with the Town of Emlemployer may discharge me at any	ments contained in this appl ny application or interview(s t, unless otherwise defined b bden is "at will", which mea	ication, and under b) may result in di by applicable law ns that I may resi	rstand that false or scharge. , any employment	
Signature of Applicant	Date		_	