
REFERENCE RELEASE FORM

Please respond to any reference inquiry and provide an opinion as to my suitability for employment with the Town of Waterford to this authorization.

1. I hereby release you from any and all liability for providing the records and information below regardless of the truth or falsity thereof.
2. I hereby authorize the release of my employment dates, evaluation of work performance, and any other work related information to the Town of Waterford.
3. I authorize the registrar/guidance office to release my educational transcript(s) any other information to the Town of Waterford.
4. I hereby authorize the Town of Waterford to receive and have total access to the records set forth above, and release the Town of Waterford from any and all liability from damage which may result from the authorization contained within. I understand that this information will be used for reference purposes only.

May we contact your present employer? YES _____ NO _____

I am voluntarily furnishing the identifying information listed below to assist you locating my records.

Applicant's Name

Applicant's Signature

Date

EDUCATION

SCHOOL NAME	CIRCLE LAST YEAR COMPLETED	COURSE OF STUDY	DEGREE AWARDED	OTHER TRAINING
ELEMENTARY	4 5 6 7 8			
HIGH SCHOOL	9 10 11 12			
COLLEGE	1 2 3 4			

Please list all experiences, skills or qualifications which you feel would especially suit you for work with our company. _____

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to investigate any statements contained in this application.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

We consider applicants for all positions **without** regard to race, color, sex, national origin, age, marital or veteran status, the presence of a physical or mental disability, or any other legally protected status.

Date: _____

Position(s) applied for: _____

REFERRAL SOURCE

___ Advertisement ___ Employee ___ Relative ___ Walk-in

Name of source (if applicable): _____

Applicant's Name _____
Last First Middle

Address _____
Street City/Town State Zip Code

Telephone Number: _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

Licenses

Driver's License held in past 3 years must be shown.

State	License Number	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 Yes No
- B. Has any license, permit or privilege ever been suspended or revoked?
 Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?
 Yes No

Driving Experience

Class of Equip.	Type of Equip. (Van, Tank, Flat, etc.)	Dates		Approximate Total Miles
		From	To	

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

Accident Review for past 3 years (Attach separate sheet of paper if necessary)

Dates of Accidents	Nature of Accidents (Head-on, Rearend, Overturn, etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years other than parking violations

Location	Date	Charge	Penalty