

## **Town of Eleanor**

P.O. Box 185 Eleanor, West Virginia 25070 304-586-2319

## SEASONAL EMPLOYMENT APPLICATION Eleanor Pool

Date:		Position:	Lifeguard	Cashier	Concessions	
Name:		Day Telephone:		Evening Telephone:		
Address:						
S	Street or P.O. Box #	City	State		Zip Code	
E-Mail Address:		Driv	er's License ‡	‡ and Expiration	ı:	
Are you 16 years	of age or older	? Hav	ve you worked	d for the Town	of Eleanor?	
Beginning and Er	nding Dates you	ı can work:	Beginning		Ending	
<u>Company</u>	Job Title	(Most Re	HISTORY (cent Job First) (ment Dates	_	visors Name & Telephone	
		EDUCATIONA				
High School Name:			Years Completed:			
Diploma Date (if	applicable):		_			
College:		Years Con	npleted:	Degree	e:	
Special Training	or Skills:					

## REFERENCE INFORMATION

Have you ever been convicted of any crime?
If yes, please give details:
Do you have any relatives employed by the Town of Eleanor?
If yes, give name(s) and title(s):
The facts set forth in my application are true and complete. I understand, if employed, false statements on this application shall be sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history.
Signature of Applicant Date

The Town of Eleanor is an equal opportunity employer.