



APPLICATION FOR EMPLOYMENT

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Date of Application _____

PERSONAL INFORMATION

Last Name	First Name	Middle	Last 4 of Social Security
Street Address or P.O. Box		Telephone Number	
City, State, Zip		Mobile Number	

Federal law prohibits the employment of unauthorized work individuals. New hires must submit proof of employment authorization (including but not limited to, passport, driver's license, birth certificate, Green Card, etc.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

POSITION SOUGHT:

Are you related to anyone presently employed by the City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Name _____	Department _____	
Do you have a valid driver's license?	<input type="checkbox"/> Yes - Number/State _____	<input type="checkbox"/> No

EDUCATION RECORD

	Elementary					High School				College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any education, specialized training, and/or apprenticeship skills you have had which is not covered above including correspondence courses, special schools, inservice training and the like.																	

PROFESSIONAL LICENSING

If a license or certificate is required for the job for which you are applying, please complete.

(1) Name of trade or profession	License or Certification Number
Issued by	Expiration Date
(2) Name of trade or profession	License or Certification Number
Issued by	Expiration Date

REFERENCES Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

EMPLOYMENT

List positions you have held starting with your most recent. Under "Duties" describe your job in sufficient detail so we can fairly determine not only your tasks, but level of responsibility. If you wish to add more details, attach another sheet to this application.

(1) Company Name		From (MO/YR)	To (MO/YR)	Hourly Rate/Salary	
				Start:	End:
Company Address		Duties:			
Supervisor					
Reason for leaving					
Job title					
(2) Company Name		From (MO/YR)	To (MO/YR)	Hourly Rate/Salary	
				Start:	End:
Company Address		Duties:			
Supervisor					
Reason for leaving					
Job title					
(3) Company Name		From (MO/YR)	To (MO/YR)	Hourly Rate/Salary	
				Start:	End:
Company Address		Duties:			
Supervisor					
Reason for leaving					
Job title					
(4) Company Name		From (MO/YR)	To (MO/YR)	Hourly Rate/Salary	
				Start:	End:
Company Address		Duties:			
Supervisor					
Reason for leaving					
Job title					

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized individual of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant**Date**