

# Application for Employment

An Equal Opportunity Employer

## PERSONAL INFORMATION

TODAY'S DATE:

NAME:

SOCIAL SECURITY NUMBER

LAST

FIRST

FULL MIDDLE NAME

CURRENT ADDRESS

STREET

CITY

STATE

ZIP

MAILING ADDRESS (IF DIFFERENT)

STREET/PO BOX

CITY

STATE

ZIP

PHONE NO.

E-MAIL ADDRESS

WHAT POSITION ARE YOU APPLYING FOR?

DATE AVAILABLE FOR EMPLOYMENT?

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

*Convictions will not automatically disqualify job candidates. The seriousness of the crime and the date of conviction will be considered.*

CAN YOU AFTER EMPLOYMENT SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? *Items included a valid drivers license and social security card and/or a birth certificate or passport.*

LIST ANY RESTRICTIONS ON HOURS, WEEKENDS, OR OVERTIME (IF REQUIRED). PLEASE EXPLAIN.

## PERFORMANCE OF JOB FUNCTIONS

ARE YOU ABLE TO PERFORM ALL THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION?

YES, WITHOUT ACCOMODATION  YES, WITH ACCOMMODATION  NO

IF YOU INDICATED YOU CAN PERFORM ALL THE FUNCTIONS WITH AN ACCOMODATION, PLEASE EXPLAIN HOW YOU WOULD PERFORM THE TASKS AND WITH WHAT ACCOMMODATION.

## EDUCATION

SCHOOL LEVEL	SCHOOL NAME AND ADDRESS	NO. OF YRS ATTENDED	DID YOU GRADUATE? WHAT WAS YOUR COURSE OF STUDY?
HIGH SCHOOL			
VO-TECH/BUSINESS OR TRADE SCHOOL			
COLLEGE			

**REFERENCES:** GIVE THE NAMES AND CONTACT NUMBERS FOR THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	CONTACT NUMBER	HOW ACQUAINTED	YEARS ACQUAINTED

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE MUNICIPALITY'S RULES, REGULATIONS AND PROCEDURES, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT EITHER MY OR THE MUNICIPALITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE MUNICIPALITY.

DATE:

SIGNATURE:

*YOUR APPLICATION WILL BE KEPT ACTIVE FOR 90 DAYS. AT THAT TIME, THE APPLICATION WILL BE KEPT ON FILE FOR ONE YEAR.*