

City of Agency

Application for Employment

1.16.2018

**** We are an Equal Opportunity Employer who fully and actively supports equal access for all people, regardless of Race, Color, Religion, Creed, Sex, Age, Veteran Status, National Origin, Disability, Sexual Orientation, Citizenship Status, Familial Status, Political Affiliation, Genetic Information or Testing, and Gender Identity or Expression or any other legally protected status. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint, or otherwise oppose discrimination****

| | | |
|-------------------|--------------------|------------------|
| First Name | Middle Name | Last Name |
|-------------------|--------------------|------------------|

| | | | |
|----------------|-------------|--------------|------------|
| Address | City | State | Zip |
|----------------|-------------|--------------|------------|

| | |
|----------------------------|-------------------------------|
| Telephone Number(s) | Social Security Number |
|----------------------------|-------------------------------|

Position(s) applying for: _____

Best Time to contact you is: _____

If you are under 18 years of age, can you provide proof of eligibility to work? Yes () No ()

Have you ever filled out an application with us before? Yes () No () If Yes give date _____

Do you have any friends or relatives, other than spouse, work here? Yes () No ()

Are you currently employed? Yes () No ()

May we contact your present employer? Yes () No ()

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes () No ()

Date available to work _____ What is your desired salary range? _____

Are you available to work Full-Time () Temporary () *indicate dates available _____

Part-Time ()

Are you currently on "lay-off" status and subject to recall? Yes () No ()

Can you travel if a job requires it? Yes () No ()

EDUCATION

| | Name & Address Of School | Course of Study | Number of Years Completed | Diploma/Degree |
|-----------------------|--------------------------|-----------------|---------------------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

EMPLOYMENT EXPERIENCE-Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer _____
Address _____
Phone Number(s) _____
Job Title _____
Supervisor _____
Dates Employed From: _____ To: _____
Hourly Rate/Salary _____
Work Preformed _____

Reason for Leaving _____

2. Employer _____
Address _____
Phone Number(s) _____
Job Title _____
Supervisor _____
Dates Employed From: _____ To: _____
Hourly Rate/Salary _____
Work Preformed _____

Reason for Leaving _____

3. Employer _____
Address _____
Phone Number(s) _____
Job Title _____
Supervisor _____
Dates Employed From: _____ To: _____
Hourly Rate/Salary _____
Work Preformed _____

Reason for Leaving _____

4. Employer _____
 Address _____
 Phone Number(s) _____
 Job Title _____
 Supervisor _____
 Dates Employed From: _____ To: _____
 Hourly Rate/Salary _____
 Work Performed _____

 Reason for Leaving _____

List Professional, Trade, Business or Civic Activities and Offices held. *You may exclude Membership which would reveal Gender, Race, Religion, National Origin, Age, Ancestry, Disability or other protected status.*

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

| | | | |
|-----------------|---------------------|--|------------------|
| () Terminal | () Spreadsheet | () Production/Mobile Machinery (list) | () Other (List) |
| () PC/MAC | () Word Processing | _____ | _____ |
| () Typewriting | () Shorthand | _____ | _____ |
| () WPM | () WPM | _____ | _____ |

State any additional information that may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes () No ()

REFERENCES

1. _____ (_____) _____
(Name) Phone #

(Address)

2. _____ (_____) _____
(Name) Phone #

(Address)

3. _____ (_____) _____
(Name) Phone #

(Address)

NOTICE: The City of Agency has a smoke free environment & is a drug free work place. Any & all employees must comply with the State and City requirements.

Applicants must have NOT been convicted of a felony or a crime of moral turpitude. Crimes of moral turpitude include but are not limited to income tax evasion, perjury, theft, indecent exposure, sex crimes, conspiracy to commit a crime, defrauding the government, illegal drug sales, assault, stalking, and domestic abuse.
HAVE YOU BEEN CONVICTED OF A FELONY OR A CRIME OF MOTAL TURPITUDE?
CHECK ONE YES () NO ()

APPLICANTS STATEMENT

I understand that employment with the City of Agency is at-will, meaning that I or the City may terminate my employment at any time, or for any reason consistent with applicable State or Federal Law. 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 executive of the City.

I authorize the City to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the City and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand, also, that I am required to abide by all rules and regulations of the City.

I understand that the City requires the successful completion of a drug and/or alcohol test as a condition of employment and a pre-employment physical, which includes a functional capacity exam.

I understand this application will be active for a period of 45 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant

Date

