



EMPLOYMENT APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I. Date	
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the City?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been honorably discharged from the military?		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
EDUCATION					
High School		Address			
High School	GPA:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
College	GPA:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three professional references.</i>					
Full Name		Relationship			
Company		Phone ()			
Address					
Full Name		Relationship			
Company		Phone ()			
Address					
Full Name		Relationship			
Company		Phone ()			
Address					

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> May we contact you at work? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>Applicant may be subject to background checks and/or pre-employment drug testing. By signing the application, the applicant consents to a background check and a drug test.</p> <p>The application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.</p> <p>I agree that any claim or lawsuit relating to my service with the City must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.</p>	
Signature	Date