



## 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 convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address									
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address									
From		To	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"/>			

**MILITARY SERVICE, SPECIALIZED TRAINING, APPRENTICESHIP AND ADDITIONAL SKILLS**


**DISCLAIMER AND SIGNATURE**

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This 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.

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 executive 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				Date			
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