

# Application for Employment

## PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP
PRIMARY NUMBER	SECONDARY NUMBER	REFERRED BY	

## EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? YES NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO	
EVER APPLIED TO THIS COMPANY BEFORE? YES NO	WHEN	

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
OTHER				

## GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## FORMER EMPLOYERS (STARTING WITH MOST RECENT)

MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES**

NAME	ADDRESS	PHONE NUMBER	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.

I UNDERSTAND THAT A CONSUMER CREDIT REPORT OR CRIMINAL RECORDS CHECK MAY BE NECESSARY PRIOR TO MY EMPLOYMENT. IF SUCH REPORTS ARE REQUIRED, I UNDERSTAND THAT, IN COMPLIANCE WITH FEDERAL LAW, THE COMPANY WILL PROVIDE ME WITH A WRITTEN NOTICE REGARDING THE USE OF THESE REPORTS AND WILL ALSO OBTAIN A SEPARATE WRITTEN AUTHORIZATION FROM ME TO CONSENT TO THESE REPORTS. I ALSO UNDERSTAND THAT A POOR CREDIT HISTORY OR CONVICTION WILL NOT AUTOMATICALLY RESULT IN DISQUALIFICATION FROM EMPLOYMENT."

IN COMPLIANCE WITH FEDERAL LAW, ALL PERSONS HIRED WILL BE REQUIRED TO VERIFY IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES AND TO COMPLETE THE REQUIRED EMPLOYMENT ELIGIBILITY VERIFICATION DOCUMENT FORM UPON HIRE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

DO NOT WRITE BELOW THIS LINE

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\_\_\_\_\_  
INTERVIEWED BY

\_\_\_\_\_  
DATE

**REMARKS**

<u>HIRED</u>	<u>DEPARTMENT</u>	<u>POSITION</u>	<u>STARTING DATE</u>	<u>SALARY WAGES</u>

\_\_\_\_\_  
CITY MANAGER

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
MAYOR/COUNCILMAN