

APPLICATION FOR EMPLOYMENT

CITY OF PAGEDALE

APPLICANT NOTE: This application form is intended for use in evaluating your qualification for employment. This is NOT an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminate employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment.

(PLEASE PRINT)

Position Applied for:		Date of Application:	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	M.I.	
Address	City	State	Zip
Telephone Number()	Social Security Number	-	-

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give dates _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

What date will you be available to begin work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Would you be able to work overtime? Yes No

Expected Salary: _____ per hour/week/year

Typing Speed: _____ wpm. Computer Literate: Yes No

If the job requires, do you have valid driver's license? Yes No

DL# _____ Type _____ State of Issue _____

Have you ever had a moving violation? Please describe _____

EDUCATION:

School	Name & Location	Last Year Completed	Did You Graduate	Subjects Studied Degree Received
College/University	_____	1 2 3 4	Y__ N__	_____
High School	_____	1 2 3 4	Y__ N__	_____
Elementary School	_____	1 2 3 4	Y__ N__	_____
Trade, Business or Special Training	_____	1 2 3 4	Y__ N__	_____

Objects of Special Study or Research Work: _____

Activities other than religious (Civic, Athletics, Hobbies, Etc.) (You may omit which would indicate race or religion)

FORMER EMPLOYERS: Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Month & Year	Name, Address, Phone Number	Salary	Position	Reason For Leaving
From	1. _____			
To		hr - yr		
From	2. _____			
To		hr - yr		
From	3. _____			
To		hr - yr		
From	4. _____			
To		hr - yr		
From	5. _____			
To		hr - yr		

NOTE: The City of Pagedale may contact the employers listed above, unless you indicate a specific employer you do not want contacted. Do not contact Employer Number(s) Reason:

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES.

MILITARY

BRANCH OF SERVICE: _____ RANK AT DISCHARGE: _____

Period of Active Duty (Month/Year) From: _____ To: _____

Describe your duties and any special training: _____

Date of Final Discharge: _____

IN CASE OF EMERGENCY NOTIFY: _____

Name/Relation

Address

Phone

REFERENCES: List below, the names of three (3) persons **not** related to you, whom you have known for at least one year.

Name	Address	Business	Years Acquainted
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1. _____

2. _____

3. _____

I authorize investigation of all statements contained in this application. I also understand that misrepresentation or omission of facts called for may be cause for dismissal,(if employment is granted). Further, I understand and agree that employment is for no definite period and may, regardless of the date of payment or earned wages and salary be terminated at any time without any previous notice.

Date: _____ Signature: _____

The City of Pagedale routinely performs Police, Employment and Personal Reference checks for all applicants. Some positions also require bonding. If you feel a need to disclose additional information; please indicate below, and attach a sheet or use the back side of this form. Additional information provided: Yes () No ()

FOR OFFICIAL USE ONLY

Date of Interview: _____

Interviewer: _____

Second Interview required: Yes () No ()

Interviewer: _____

Hire Yes () No ()

Date of Hire: _____

APPROVAL(S) _____

COMMENTS: