

CITY OF HOLTS SUMMIT

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

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

Have you ever been employed with us before? Yes _____ No _____

If Yes, give date and position _____

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? Yes _____ No _____

(Proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

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

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

Have you been convicted of a felony within the last 7 years? Yes _____ No _____

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

EDUCATION

	Name and Address of School	Course of Study	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 that which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From	Dates Employed To	Work Performed
Address			
Telephone Number(s)	Hourly Rate/Salary Starting Final		
Job Title	Supervisor		
Reason for Leaving			

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Job Title	Supervisor		
Reason for Leaving			

IF YOU NEED ADDITIONAL SPACE, CONTINUE ON A SEPARATE SHEET OF PAPER

List professional, trade, business or civic activities and offices held. You may exclude membership that 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

_____ Copy Machines

_____ Fax

List computer experience:

_____ PC

_____ Microsoft Word

_____ Calculator

_____ Excel

_____ Typewriter

_____ Access

State any additional information you feel 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.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes _____ No _____

REFERENCES

1. _____ () _____
(Name) Phone

(Address)

2. _____ () _____
(Name) Phone

(Address)

3. _____ () _____
(Name) Phone

(Address)

4. _____ () _____
(Name) Phone

(Address)

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: _____ Yes _____ No

Position(s) Considered For: _____

Date _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. 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 of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _____ Yes _____ No

Remarks _____

Employed _____ Yes _____ No Date of Employment _____

Job Title _____ Salary _____ Department _____

By _____ Date _____
Name and Title

NOTES _____

