

APPLICATION FOR EMPLOYMENT



FOR OFFICE USE ONLY

Received By _____

Date _____

Attached Pages _____

Position Applied For _____

Date of Application _____

Last Name		First Name		Middle Int.
Street Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Daytime Phone Number	Home Phone Number	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Web Site _____ <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Other _____		
Email Address:				

If you are under 18 years of age can you provide proof of your eligibility to work? Yes No

If hired, can you provide proof of your legal right to work in the U.S.? Yes No

Are you able to perform the essential functions of the job for which you are applying?
 Yes No

If no, please describe the functions or duties you are unable to perform: _____

Have you ever been employed at the City of Dacono? Yes No

If yes, give position and date _____

Do you have any friends or relatives employed at the City of Dacono? Yes No

If yes, give name and relationship _____

Are you currently employed? Yes No

May we contact your current employer? Yes No

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

Are you available to work: Full Time Part Time Temporary Seasonal

On what date are you available to begin work: _____

If your job requires driving, please provide: _____

Drivers License Number / State / Expiration Date

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

EDUCATION

	School Name and Location	Years Completed	Diploma/ Degree/ Certification	Course of Study
High School				
Undergraduate College/University				
Graduate/ Professional School				
Trade/ Technical School				
P.O.S.T. training		Certification #		

Please describe any job related specialized training, apprenticeship, skills and extra-curricular activities:

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations indicating race, color, religion, gender, national origin, handicap or other protected status. (Attach additional sheets if necessary)

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

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

Please explain any gaps in employment history.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

REFERENCES

Please do not list employers or relatives (Attach additional sheets if necessary)

Name	Address	Daytime Phone #	Profession

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, and personal characteristics obtained from interviews with neighbors, friends, former employers, schools, and other. I understand I have the right to make a written request within a reasonable time as to the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability making such statements. I understand I may need to sign a background check form for a criminal background check, including fingerprinting, if applicable.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to justify my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

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 UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT FOR EMPLOYMENT OR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF 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 an authorized executive of this organization specifically acknowledges such changes in writing.

In the event of employment, I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date