

Please note that the City of Downs requires pre-employment drug screening. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full, even if attaching a résumé.)

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

## **Personal Information**

In order to ensure this application is acceptable, please print or type on the application being fully completed in order for it to be considered.

Full Name:				Social Security Number:	
	First	Middle	Last		
Address:					
	Street Address	City	State	Zip Code	How Long
E-mail:				Phone Number:	
•		City or any of its De n? Approximate dat	1	[ ] YES [ ] NO	
•	ver applied for a jol n? Approximate dat	o with the City or an e: Mo/Yr.	ny of its Depart	nents? [] YES [] NO	

How did you learn about this position?

General Information	
If you are under age 18, please state your age:	
If you are under age 18, can you supply working papers?	[ ] YES [ ] NO
Are you legally authorized to work in the United States?	[ ] YES [ ] NO
Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)?	[ ] YES [ ] NO
Have you ever been convicted of a crime or violation other than a minor traffic infraction? If Yes, please explain:	[ ] YES [ ] NO

Have you ever been discharged or asked to resign from any employment?

[]YES[]NO

If Yes, please explain:

Desired Wages/Salary:

If applying for a position that requires a valid drivers license, can you, upon employment, provide the appropriate valid driver's license? [] YES [] NO

Do you currently have a valid Commercial Driver's License (CDL):

[]YES[]NO

# Availability

Please check schedule availability:

[] I desire to work full-time (40 hours) and do not have restrictions on my hours and days.

I am available to work full-time, but desire to work part-time (please indicate desired availability below).

[] I am only available to work part-time (please indicate desired availability below).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							
Available							

Date available to start:

NOTE: Work schedules are based upon the needs of the City and may be subject to change on a weekly basis.

# Employment History

Begin with your most recent employment and continue with all past employment (attach additional sheet(s) if necessary). Failure to provide a full disclosure of all past employment will result in your disqualification, or, if employed, your dismissal.

Company:		Phone:		
Job Title:				
Responsibilities:				
From:	То:			
	supervisor for a reference? [] Y			
Explain any period between job	08:			
Company:		Phone:		
Address:				
Job Title:			Ending Salary:	
Responsibilities:				
From:	То:			
Reason for Leaving:				

may we contact your previous super	visor for a reference? []	YES [ ] NO	
Explain any period between jobs:			
Company:		Phone:	
Address:			
Job Title:	Starting Salary:		Ending Salary:
Responsibilities:			
From:	То:		
Reason for Leaving:			
May we contact your previous super			
Explain any period between jobs:			
Explain any period between jobs: Company:			
		Phone:	
Company:		Phone: Supervisor: _	
Company: Address: Job Title:	Starting Salary:	Phone: Supervisor: _	Ending Salary:
Company: Address:	Starting Salary:	Phone: Supervisor: _	Ending Salary:
Company: Address: Job Title: Responsibilities:	Starting Salary: To:	Phone: Supervisor: _	Ending Salary:
Company:Address: Job Title: Responsibilities: From:	Starting Salary: To:	Phone: Supervisor:	Ending Salary:

Education	1
High School:	Address:
Circle Last year Attended: 9 10 11 12	Did you graduate? [] YES [] NO
College:	_ Address:
From:To: Degree:	Did you graduate? [] YES [] NO
College:	Address:
From:To: Degree:	Did you graduate? [] YES [] NO
Graduate School:	Address:
From:To: Degree:	Did you graduate? [] YES [] NO
Other:	Address:
From:To: Degree:	Did you graduate? [] YES [] NO

# Additional Experience or Qualifications

List any other experience, skills or other qualifications, including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like the City of Downs to consider in connection with your application for employment.

## **Attendance and Punctuality Information**

Consistent attendance and punctuality are essential requirements of every job with the City of Downs. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the City of Downs? [] Yes [] No

References

Please list three personal references.

Full Name:	Relationship:
Company:	
Address:	
Full Name:	Relationship:
Company:	
Address:	
Full Name:	
Company:	
Address:	

# **Notification and Agreement**

#### Please read before signing

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. (Please initial here)

Questions regarding this statement should be directed to an employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed. (Please initial here)

It is the policy of the City of Downs to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, martial status, expunged juvenile records, or pregnancy and to afford equal opportunities to disable veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by federal, state or local law. (Please initial here)

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release the employer from all liability that might result from making an investigation. (Please initial here)

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States. (Please initial here)

If hired, I agree to abide by all of the City of Downs rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City of Downs or me. I further understand that no representation, whether oral or written by any representative or agent of the City of Downs, can constitute a contract of employment. I understand that the City of Downs shall have the maximum discretion permitted by law to administer, interpret modify, discontinue, enhance, or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the City of Downs has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the governing body or to make any agreement contrary to the foregoing. (Please initial here)

I understand that this application is good only for sixty (60) days from today's date. If I shall desire a position with the City of Downs after this application expires, it will be my responsibility to fill out a new application and submit to the City of Downs. (Please initial here)

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application to me. (Please initial here) \_\_\_\_\_

I have read all of the information very carefully, I fully understand that by signing my name that I am agreeing to the terms of these statements.

Applicant's printed name:	Initials:
Applicant's Signature:	Date: