

## EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or in the presence of a non-related medical condition or handicap.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a citizen of the United States of America, or are you eligible to work in the US?  Yes  No

Have you applied here before?  Yes  No Position applied for? \_\_\_\_\_

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you employed now?  Yes  No If so, may we inquire of your present employer?  Yes  No

Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Employer 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

Employer 3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate \_\_\_\_\_

If needed, please submit additional employment information on a separate sheet.

## EDUCATION

Schools/Colleges Attended:

# Years    Year Graduated    Degree

Schools/Colleges Attended:	# Years	Year Graduated	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## REFERENCES

Name	Phone #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Describe any special qualifications for this job:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_ CDL License  Yes  No

Are you a veteran of the U.S. Military service?  Yes  No

Have you ever been convicted of a felony under any state or federal law?  Yes  No

If yes: State the nature of the felony, the court, and the year of conviction. \_\_\_\_\_

Have you completed all terms of the conviction?  Yes  No

Are you currently on any probation or parole?  Yes  No

## EMPLOYMENT APPLICATION RELEASE

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I understand that this application is not intended to be a contract of employment. It is understood and agreed upon that any misrepresentation made by me during the application and interview process will be sufficient cause for cancellation of my application and/or separation from the City of Ammon's service, if I have been employed.

As a part of my application for employment, I consent to take a drug test. I understand that if I test positive for illegal drugs I will not be offered employment. If I am taking any prescription medication at the time of my drug test and my test comes back positive for illegal drugs, I will be afforded an opportunity to discuss that issue for the purpose of providing a reasonable explanation of my positive drug test.

The City of Ammon participates in E-Verify, and will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with the information from each new employee's Form I-9 to confirm work authorization. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

I grant the City of Ammon the right to investigate all references and to secure additional information about me such as, credit report and/or police background investigation, if job related. I hereby release from liability the City of Ammon and its representatives for seeking and obtaining such information and furthermore, I release from liability all other persons, corporations, or organizations for providing such information.

Signature \_\_\_\_\_

Date \_\_\_\_\_