

APPLICATION FOR EMPLOYMENT

CITY OF ARCOLA

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

(PLEASE PRINT)

Position(s) Applied For		Date of Application			
How did You Learn About Us?					
Last Name		First Name	Middle Name		
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					
Drivers License Number		Social Security Number (voluntary)			

Best time to contact you at home is:

_____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

If Yes, give date _____

Yes No

Have you ever been employed with us before?

If Yes, give date _____

Yes No

Do any of your friends or relatives, other than spouse, work here?

If Yes, state name, relationship and location:

Yes No

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.

Date available for work _____ What is your desired salary range? _____

Are you available to work:

Full Time

Part Time (Please indicate Mornings Afternoon)

Temporary (Please indicate dates available _____)

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education				
School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

Work Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Starting/Present Job Title	/	
Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Starting/Present Job Title	/	
Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Starting/Present Job Title	/	
Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed From / To	Work Performed
Address	/	
Telephone Number(s)	Hourly Rate/Salary Starting / Final	
Starting/Present Job Title	/	
Supervisor		
Reason for Leaving		May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job related training received in the United States military.

List professional, trade, business or civic activities and offices held.
 You may exclude membership which 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 (Skills/Equipment Operated)

<input type="checkbox"/> Terminal <input type="checkbox"/> PC/MAC <input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> Spreadsheet <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand WPM _____	Production/Mobile Machinery (list) _____ _____ _____
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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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

Personal/Professional References		Do no include family members or past supervisors	
Name	Phone Number	Best Time to Call	Occupations
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete.

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

AFFIRMATIVE ACTION DATA RECORD

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

(PLEASE PRINT)

Last Name		First Name		Middle Name	
Address Number	Street	City	State	Zip Code	
Telephone Numbers(s)			Social Security Number		

REFERRAL SOURCE:

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Private Emp. Agency
<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Gov. Emp. Agency	<input type="checkbox"/> Other

COMPLETE ONLY THE SECTIONS BELOW THAT HAVE BEEN CHECKED

<input type="checkbox"/>	Current Job
<input type="checkbox"/>	Birth date
<input type="checkbox"/>	Gender:
<input type="checkbox"/>	Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Other _____ <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/>	Check If Any Of The Following Are Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

--Office Use Only--

Positions(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Positions(s) Considered For:	_____	
HIRED - Position _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date: _____

EMPLOYMENT ANALYSIS REGISTER

Gender:	_____
Race:	_____
Disability:	_____
Other:	_____
Referral Source:	_____
EEO1 Category:	_____
Disposition:	_____

Signature of Applicant

Date