Application For Employment

We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans status, sex, national origin, disability, or any other legally protected status.

Position(s) Applied For				Date of Applica	ation
How Did You Learn About Us?			I		
	□ Friend	🔲 Walk-In			
Employment Agency	□ Relative	□ Other			1
Last Name	First Name		Mic	ldle Name	
Address Number St	reet	City	\$	State	Zip Code
Telephone Number(s)	Emergency	Phone Number	Social Secu	rity Number	
If you are under 18 years of	of age, can you	provide required	t		
proof of your eligibility to				☐ Yes	□ No
Have you ever filed an app	lication with us	before?		\Box Yes	\Box No,
		If Ye	s, give date	e	
Have you ever been employ	yed with us befo	ore?		☐ Yes	🗌 No
		If Ye	s, give date	e	
Are you currently employed	d?			□ Yes	🗆 No
May we contact your prese	nt employer?			☐ Yes	🗌 No
Are you prevented from law	wfully becoming	g employed in th	is		
Country Proof of citizenship or immigration	status will be required	upon employment.		☐ Yes	🗆 No
On what date would you b	e available for v	work?			
Are you available to work:	🗌 Full Time	Dert Time	🗆 Shift W	/ork 🛛 T	emporary
Are you currently on "lay-	off" status and s	subject to recall?		☐ Yes	🗌 No
Can you travel if a job requ	uires it.?			☐ Yes	🗌 No
Have you been convicted of Conviction will not necessarily disq		m employment.		□ Yes	🗆 No
If Yes, please explain					

Education

	El	emer	ntary	Scho	ol]	High S	School		C	ollege/	Unive	rsity			uate / ssional	
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study	[
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status:

-

References

. .

-

~ •

Give name, address and telephone number of you and are not previous employers.	t three references who are not related to
<u>1</u> .	
2.	
<u>2.</u> 3.	
Have you ever had any job-related training in the United States mil If Yes, please describe	•
Do you have a driver's license?	
If so, show State	Number
Office Applicants: Can you take Shorthand?	Are you a typist?
What office machines do you operate?	

Employment Experience

Start with your present or last job. Include military *service* assignments and volunteer activities. Exclude volunteer activities which indicate race, age, religion, sex, national origin, ancestry, disability or *other* protected status.

(1) Employer	Employer Telephone		nployed			
		From	То	Work Performed		
Address						
Job Title		Hourly Ra				
		Starting	Final			
Supervisor						
Reason for Leaving						
(2) Employer	Telephone	Dates Er	. .	Work Performed		
		From	То	work renomed		
Address,						
Job Title		Hourly Ra	ate/Salary			
		Starting	Final			
Supervisor						
Reason for Leaving						
	T					
(3) Employer	Telephone	Dates Er		Work Performed		
		From	То	Work renormed		
Address						
Job Title						
JOD I ITIE		Hourly Ra	te/Salary			
Supervisor		Starting	Final			
Supervisor						
Reason for Leaving						
Reason for Leaving						
(4) Employer	Telephone	Dates E	mployed			
		From	То	Work Performed		
Address						
Job Title		Hourly R	ate/Salary			
		Starting	Final			
Supervisor						
Reason for Leaving						

May we contact the employers listed above? _____ If not, indicate which one(s) you do not wish us to contact _____

AGREEMENT

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

You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of any investigative report that is made.

I understand that I am making application only for the current vacancy and that I must reapply for any subsequent vacancies.

If I were to be offered employment or in my being considered for employment by the City of Somerset, I agree to conform to the rules and regulations of the City of Somerset and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the City of Somerset at any time, at the City of Somerset's sole option and without any prior notice to me.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Somerset and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Somerset unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Somerset retains the same right.

Should I be offered employment I understand that I will be required to submit to a physical examination which may include a drug screen and that my employment will be conditional upon the results of said physical examination and drug screen.

In the event of employment, I understand that false or misleading information given in, my application or interview(s) may result in discharge.

Arrange Interview Yes Remarks		INTERVI	
-			
Remarks			
		INTERVI	IEWER DATE
			- DATE
Employed 🗌 Yes 🗌 No	Date of Employ	ment	
He	ourly Rate/		
Job Title	Salary	_Department_	
By			
	NAME AND TITLE		DATE

ATTACHMENT II

PRE-EMPLOYMENT TESTING NOTICE TO APPLICANTS FOR NON-SAFETY AND SAFETY SENSITIVE POSITIONS

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED!

I am hereby acknowledging that I will be given pre-employment drug tests. I am aware that employees will not be hired without a clear negative test from the MRO.

Signed:

Name

Date