

CITY OF MARKESAN

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer that values diversity in its workforce and is in compliance with all federal, state and local regulations.

POSITION

Position Desired	Salary Requirements	Shift Desired	Available Start Date
------------------	---------------------	---------------	----------------------

PERSONAL

Full legal name – Last name:	First:	Middle:	Former name:	Nickname:
Street address:	City:	State:	ZIP Code:	
Email:	Home Phone No.: ()	Cell Phone No.: ()		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If hired, you will be required to provide proof of eligibility to legally work in the United States.			
Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department	From (Mo/Yr)	To (Mo/Yr)	Position(s)

TRAINING AND EDUCATION

School	Name and Location of School Attended	No. of Years Attended	Did you Graduate	Degree/Diploma	Other Studies, Minor, Etc
High School					
Trade or Technical School					
College or University					
Graduate School					
List Licenses and Certificates Held					
Computer/Software Skills					

U.S. MILITARY

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Years of Service	Present Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Inactive Reserve/Guard <input type="checkbox"/> Active Reserve/Guard <input type="checkbox"/> Discharged/Retired	
Branch of Service			
Tell us about any military experience, training, skills, rank/grade achieved, awards, medals or other recognitions you feel would contribute to your success in the position you are applying for.			

PREVIOUS EMPLOYMENT

Beginning with the most recent, list all employment for the last five years, including part time and self-employment. Also, list all relevant experience, skills or training using space on last page to account for periods of unemployment, schooling, etc.

Most Recent Employer	Briefly describe duties:
Address	
City <input style="width: 150px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip <input style="width: 100px;" type="text"/>	
Starting Position:	
Current or Last Job Title:	
Supervisor's Name:	Reason for leaving:
Phone No.: (Supervisor/Employer): (<input style="width: 50px;" type="text"/>)	
Start Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	
End Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	
If currently employed, may we contact as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Briefly describe duties:
Address	
City <input style="width: 150px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip <input style="width: 100px;" type="text"/>	
Starting Position:	
Current or Last Job Title:	
Supervisor's Name:	Reason for leaving:
Phone No.: (Supervisor/Employer): (<input style="width: 50px;" type="text"/>)	
Start Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	
End Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	

Employer	Briefly describe duties:
Address	
City <input style="width: 150px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip <input style="width: 100px;" type="text"/>	
Starting Position:	
Current or Last Job Title:	
Supervisor's Name:	Reason for leaving:
Phone No.: (Supervisor/Employer): (<input style="width: 50px;" type="text"/>)	
Start Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	
End Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	

Employer	Briefly describe duties:
Address	
City <input style="width: 150px;" type="text"/> State <input style="width: 100px;" type="text"/> Zip <input style="width: 100px;" type="text"/>	
Starting Position:	
Current or Last Job Title:	
Supervisor's Name:	Reason for leaving:
Phone No.: (Supervisor/Employer): (<input style="width: 50px;" type="text"/>)	
Start Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	
End Date: / / Wage or Salary: \$ <input style="width: 50px;" type="text"/>	

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN YOUR NAME

I HEREBY CERTIFY that the information given by me in this application are complete, true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement.

I further understand that no representative of the City has the authority to enter into any agreement for employment for any specified period of time and that this City is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by this City, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement.

I authorize the City to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.

If employed, I agree to abide by all of the work and safety rules of the City. I understand that the City is committed to maintaining a drug-free workplace. I am aware that the City may require a drug test as a part of the hiring process. I have read, understand and agree to the above statement.

I do hereby certify by my signature below, that I am not suspended or debarred by any agency of the United States Government or otherwise ineligible to contract with the Federal Government.

A copy of my actual or electronic signature shall be acceptable as an original for the purposes of release of information.

I understand that this application will remain active for 60 days from the date of the application or until the position is filled. After 60 days, or until the position applied for is filled, if I am still interested in a position with the City, it will be necessary for me to complete a new application form.

My signature indicates that I have read and understand the above:

Signature

Date
