

City of Delta Junction



APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s): _____

How did you learn about the position?

Advertisement Friend Inquiry Facebook
 Employment Agency Relative Other _____

Last Name First Name Middle Name

Mailing Address City State Zip Code

Telephone Number: _____

Email Address: _____

Best time to contact you (circle): Morning Afternoon Evening

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

Have you ever filed an application with us before? ___Yes ___No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives,
other than spouse, work here? Yes No
If Yes, state name, relationship, and title:

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 will be required upon employment.

Date available for work _____/_____/_____

What is your desired salary range? \$_____ per hour/year

Availability to work:
 Full-time
 Part-time
 Temporary

Are you currently on “lay-off” status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

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.

Are you fluent in any language(s), other than English? Yes No

If Yes, what language(s)? _____

EMPLOYMENT HISTORY

Employer: _____
Position/Title: _____
Dates Employed: _____ to _____
Wage: _____
Supervisor Name & Number: _____
Job Duties:

Employer: _____
Position/Title: _____
Dates Employed: _____ to _____
Wage: _____
Supervisor Name & Number: _____
Job Duties:

Employer: _____
Position/Title: _____
Dates Employed: _____ to _____
Wage: _____
Supervisor Name & Number: _____
Job Duties:

SPECIALIZED SKILLS (Skills/Equipment Operated)

- | | | | |
|---|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Microsoft Office Suite | <input type="checkbox"/> PC | <input type="checkbox"/> 10-Key | |
| <input type="checkbox"/> Keyboard (WPM _____) | <input type="checkbox"/> Copier | <input type="checkbox"/> Fax | <input type="checkbox"/> Scanner |
| <input type="checkbox"/> Multi-line Telephone | <input type="checkbox"/> Credit Card Machine | | |
| <input type="checkbox"/> Other (Please Describe): | | | |

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

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

State any additional information you feel may be helpful to us in considering your application.

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name: _____

Phone Number: _____

Occupation: _____

Best time to Call: _____

Name: _____

Phone Number: _____

Occupation: _____

Best time to Call: _____

Name: _____

Phone Number: _____

Occupation: _____

Best time to Call: _____

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

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.
- * In the event of employment, I understand that false or misleading information given in my application or interview 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