

City of Crofton APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: () _____ Social Security Number: _____
Area Code

If you are employed and you are under 18 can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

Have you ever been employed here before? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available to work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

I hereby authorize investigation of all statements in this application. I certify that such statements are true and complete to the best of my knowledge. I understand that any misrepresentation of fact in this application, my resume, or any other materials, or during any interviews, can be justification of refusal of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Crofton harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Crofton.

I also agree to such examination by the City of Crofton designated physician as may be required, and agree, if employed, to abide by all regulations of the City of Crofton.

APPLICANT'S SIGNATURE: _____ **DATE:** _____