

CITY OF JAL

Employment Application



We consider applicants for all positions without regard to race, color, religion, creed, or any other legally protected status.

APPLICANT INFORMATION			
Position Applied for			
How Did You Learn About Us			
Last Name		First	M.I. Date
Street Address		Mailing Address	
City		State	ZIP
Phone		E-mail Address	
Date Available			Desired Salary
Are You available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
If you are under 18 years of age, can you provide required proof of your eligibility to work? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Can you travel if a job requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

SKILLS OR OTHER QUALIFICATIONS (Summarize special job-related skills & qualifications acquired from experience)

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

NOTE TO APPLICANTS:

YOU WILL BE REQUIRED TO TAKE A DRUG SCREENING TEST UPON EMPLOYMENT AND WILL BE SUBJECT TO RANDOM DRUG/ALCOHOL SCREENING THROUGHOUT EMPLOYMENT IF HIRED.

DO NOT ANSWER THE FOLLOWING 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? YES NO

DISCLAIMER AND SIGNATURE

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date