

APPLICATION FOR EMPLOYMENT

NAME: _____

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number (Voluntary)

POSITION: _____

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your 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

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?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

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

Can you travel if a job requires it? Yes No

DATE: _____ / _____ / _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

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

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:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1. _____ (Name) _____ () _____ Phone #

_____ (Address)
2. _____ (Name) _____ () _____ Phone #

_____ (Address)
3. _____ (Name) _____ () _____ Phone #

_____ (Address)

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____

INTERVIEWER DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Please read the following statement carefully before signing to indicate your understanding.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, and incomplete, false or misleading statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed for any employment-related purpose. I release the listed references and all employers, except those specifically excepted, to provide you with all applicable information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.*

I understand the job for which I am being considered may require that the City of Bryan obtain a credit, consumer and/or investigative consumer report. Therefore, in addition to checking my references, the City of Bryan may obtain a credit history report, a report on the status of my driving record, and/or a criminal record check. The City of Bryan may use any or all of these reports in making employment decisions related to this position. I understand that it is the City of Bryan's policy to consider all information available that is relevant to a candidate's suitability and qualification for the position for which the candidate is being considered. The information will not be used in violation of any federal, state or local equal opportunity employment law or regulations. Further information on the nature and scope of such reports will be made available to me within thirty (30) days of my written request and before taking any adverse employment action based on any of these reports. The City of Bryan will provide me with a copy of the report, as well as a copy of my FTC-prescribed summary of rights under the Fair Credit Reporting Act.

I also understand that pursuant to the City of Bryan's job application process, I may be required to undergo drug testing. I further understand that if I refuse to take or fail the drug test, I am disqualified from further employment consideration. I hereby knowingly and voluntarily consent to the City of Bryan's request to undergo a drug test. I further release the City of Bryan and its officials, agents, employees, or representatives from all claims and liability for damages associated with or arising from my submission to the test.

In consideration of my employment, I agree to conform to the City of Bryan's rules, regulations and policies and agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the City of Bryan or myself. I understand that no supervisor, manager, officer or representative of the City of Bryan or any other entity, other than the Mayor or Director of Utilities, has the authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing. I understand that any exception must be in writing and signed by the City of Bryan and me.

Applicant Signature

Date

Employers specifically excepted:
