



**City Of
Fallon**

APPLICATION FOR EMPLOYMENT

We consider applicants to 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) 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

Best time to contact you at home is: : _____

If you are under the age of eighteen, 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, or your spouse, work here? yes no

If so, who _____

Are you currently employed? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? yes no

Are you currently on "lay-off" status and subject to recall? yes no

Are you available to work: Full-Time (Please indicate 1 2 3 Shift)
 Part-Time (Morning Afternoon Evening)
 Temporary (Dates Available __/__/__ - __/__/__)

Are you receiving or have you ever received any job related benefits or payments, due to a job related injury? yes no

If so, when and where _____

Can you travel if a job requires it? yes no

Have you been convicted of a felony within the last 5 years? yes no
A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.

Date available to work ___/___/___ what is your desired Salary range? _____

EDUCATION

	Years Completed	Diploma Degree	Name and Address Of School	Course of Study
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

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

State any more information that you feel may be helpful in considering your application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE POSITION 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 in the activities involved in such a job or occupation has been given.

___ YES ___ NO

WHO TO CONTACT IN CASE OF EMERGENCY

()

(Name) Phone #

(Address)

REFERENCES

1. ()

(Name) Phone #

(Address)

2. ()

(Name) Phone #

(Address)

3. ()

(Name) Phone #

(Address)

4. ()

(Name) Phone #

(Address)

List professional trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, age, race, or any 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)

		Production/mobile Machinery (list)	other (list)
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Shorthand WPM _____	_____	_____
<input type="checkbox"/> Word Processing		_____	_____
<input type="checkbox"/> Typewriter WPM _____		_____	_____

Describe any job-related training received in the United States Military

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

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

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 applicants 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 _____

INTERVIEWER DATE

Employed YES NO Date of Employment _____

Job Title _____ Hourly Rate _____ Department _____

By _____