

CITY OF SCHALLER APPLICATION FOR EMPLOYMENT

The City of Schaller is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex,
national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

PERSONAL INFORMATION:

Full Name: _____
First Middle Initial Last

Current Address: _____
Number Street City State Zip

Telephone Number: _____ Social Security Number: _____

Are you 18 years of age or older? Yes or No

Are you legally able to work in the United States? Yes or No

Are you a military Veteran ? Yes or No

If yes, provide dates of active duty: _____ to _____

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes or No

If yes, provide all other name(s): _____

POSITION DESIRED:

Job Title: _____ Date you can start: _____ Wage Desired: _____

Are you available for work: Full-Time Part-Time

EDUCATION:

Education	Name and Location Of School	Number of Years Attended	Course of Study Major/Minor	Diploma/Degree
High School				
College/Trade School				
College/Trade School				
Other				

Area of Concentration and/or degree(s), certificates, licenses, endorsements: _____

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc):

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

Company Name: _____ Job Title: _____

Address: _____
 Number Street City State Zip

Start Date: _____ End Date: _____ Rate of Pay: _____

Detailed Job Duties: _____

Reason for Leaving: _____

May we contact your former employers to verify this information? Yes or No

May we contact your present employer? Yes or No

Please provide any additional information about your abilities or interests that makes you a good candidate for this position: _____

Will you consent to a mandatory alcohol and drug testing? Yes or No

Do you have any conditions which would require job accommodations? Yes or No

If yes, please describe accommodations required: _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes or No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered)

Please provide one personal and two professional references :

Name	Phone Number	Relationship to You

STATEMENT OF UNDERSTANDING

Completing this application does not constitute an offer of employment and the application may be rejected for any reason.

Giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

The use of illegal drugs is prohibited during employment and I may be required to undergo and successfully pass a screening for alcohol and/or drugs that are included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol and drug screening according to state law.

If I sustain any injury or illness while in the employment of this organization, I agree this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners and hospital to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

This employment application and any other employee-related documents are not contracts of employment; and this organization follows an "employment at will" policy. An individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason, except as may be required by law.

I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.

Signature: _____ **Date:** _____