

Employment Application

Ephraim City

Please use a typewriter or print clearly in ink. To insure full consideration, application must be completed, including required dates and all job related education and experience. Make sure all blanks are filled in, if question does not apply, please enter "NA" or "None." Assistance is available for the disabled if help is needed with the application/hiring process.

APPLICANT INFORMATION

1. Name (last, first, MI):	Social Security:
2. Other names previously used:	
3. Current Address:	
Street	City
State	Zip
4. Telephone:	
Day	Evening
5. Driver's License #:	State: Expiration:
6. If you have a relative(s) working for Ephraim City, indicate name(s), relationship(s) and departments(s):	
7. Are you prevented from lawfully becoming employed in this country? Yes ___ No ___	

JOB INTEREST

8. Applying for (position title):	
9. Type of employment acceptable: Full-time ___ Part-time ___ Temporary ___	
10. Date available to start:	Minimum acceptable salary:
11. Have you ever been employed by Ephraim City? Yes ___ No ___ If yes, From: To:	
Department:	Position:
Supervisor:	Reason for Termination:

REFERENCES

12. List three personal references (not former supervisors or relatives)				
Name	Title/Occupation	Address (City/State)	Telephone	
1.				
2.				
3.				
13. Are you willing to have your present employer contacted regarding your qualifications? Yes ___ No ___				

EXPERIENCE

Beginning with your present or most recent job, describe in the boxes below, all periods of employment, such as paid (full or part-time), volunteer (full or part-time), self-employment, and / or military service. The information you give regarding your experience will be used to determine if you meet the minimum qualifications. Account for you time during any intervals of unemployment other than when attending school. Attach additional sheets if necessary, using the same format.

Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary \$	Per:
Your title:	Hours per week:	
Duties:		
Reasons for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary \$	Per:
Your title:	Hours per week:	
Duties:		
Reasons for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary \$	Per:
Your title:	Hours per week:	
Duties:		
Reasons for leaving or seeking other employment:		
Employer:	From:	To:
Complete Address:	Telephone:	
Supervisor's name and title:	Salary \$	Per:
Your title:	Hours per week:	
Duties:		
Reasons for leaving or seeking other employment:		

Have you ever been convicted of a crime other than minor traffic violations? _____
If yes, please explain: _____

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by Ephraim City, I agree to conform to the rules and regulations of Ephraim City and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by Ephraim City at any time, at the City's sole option and without any prior notice to me.

Potential employees may be requested to provide a specimen for drug testing. I understand that by signing this application I am giving Ephraim City authorization to test. A medical review officer will review all positive tests. Test results are confidential. Ephraim City will pay fees for all required drug testing.

I acknowledge that I have been advised that this application will remain active only for the time period in which the position I applied for remains open.

I authorize investigation of all statements contained in this application and an investigation of my background, including any and all criminal history records and driver's license history. I understand that the findings of the investigation may or may not bar me from employment with Ephraim City.

Signature _____ Date _____
