

CITY OF EFFINGHAM

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____ Position(s) _____

Name _____
Last First Middle

Street Address _____
Number Street City State Zip

Mailing Address _____
City State Zip

Primary Phone (____) _____ Secondary Phone (____) _____

Email Address _____

Are you under 18 years of age? Yes No

Have you filed an application here before? If yes, give date _____ Yes No

Have you ever been employed here before? If yes, give date _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or can you establish that you are an authorized worker? Yes No

When are you available to start? _____

Preferred type of work Full time Part time Seasonal

Are you on layoff and subject to recall? Yes No

Other than minor traffic violations, have you been convicted of a crime? Yes No

If yes, please explain: (The conviction of a crime will not necessarily disqualify an applicant – the nature of the crime and when the conviction occurred will be considered. You are NOT obligated to disclose sealed or expunged records of conviction or arrest.)

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying? Yes No

If no, please explain: _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If yes, please describe: _____

List professional, trade, business, or civic activities and offices held: (Exclude those which indicate race, color, religion, sex, or national origin.) _____

Three (3) references who are not related to you and are not previous employers:

- 1) _____
Name Email Phone #
- 2) _____
Name Email Phone #
- 3) _____
Name Email Phone #

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/ UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Honors Received				

Provide any additional information you feel may be helpful to us in considering your employment: _____

Summarize any special skills and qualifications acquired from employment or other experience: _____

Describe specialized training, apprenticeship, skills and extra-curricular activities: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities.

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
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SUPERVISOR			
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	DATES EMPLOYED		WORK PERFORMED
EMPLOYER	FROM	TO	
ADDRESS			
PHONE			
JOB TITLE	HOURLY RATE/SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

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

Applicants are considered for all positions without regard to political affiliation, disability, color, race, creed, national origin, religion, gender, age, ancestry, disability, handicap, marital status, status as a qualified disabled veteran, veteran status, or sexual orientation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report or investigation from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from providing same to the City.

In consideration of my employment, I agree to conform to the rules and regulations of the City 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 or myself and without notice or liability for wages or salary except such earned at the date of such termination.

In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the City. I consent to take any and all physical or medical examinations, including blood and urine or other tests for alcohol and drugs, requested by the City in connection with the processing of my application for employment and further agree to take any such physical or medical examinations requested by the City during my employment if I am offered and accept a job. I understand that such an examination may be needed in order to determine my competence to perform the job or work for which I was hired, or to identify any physical or mental condition which may be relevant to my job performance. I understand that refusal to submit to any physical or medical examination ordered by the City will result in rejection for employment or for disciplinary action up to and including immediate discharge. I further understand that any information obtained through such exams may be retained by the City and is exclusively the City's property. I also understand that the examinations will be performed by medical personnel, clinics, or laboratories qualified to do the necessary work and costs for such examinations will be borne by the City.

Applicant Signature

Date

FOR OFFICE USE ONLY -- DO NOT WRITE BELOW THIS LINE

Position: _____

Interviewed by: _____

Date: _____

Disposition: _____

Comments: _____
