



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) Applied For		Date of Application:	
How did You Learn about us?		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
		<input type="checkbox"/> Walk-in	<input type="checkbox"/> Relative
		<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other
Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s)		Social Security No.	
() -		- -	

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 _____

Are you currently employed? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
Proof of citizenship or Immigration Status will be required upon employment.

On what date would you be available for work? _____

Are you available for work: Full-Time Part-Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

WE ARE AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed	4/ 5/ 6/ 7/ 8/	9/ 10/ 11/ 12	1/ 2/ 3/ 4	1/ 2/ 3/ 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills and extracurricular activities _____

Describe any honors you have received _____

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

Indicate any foreign languages you can speak, read, and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job related training in the United States Military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with you 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, handicap or other protected status.

1.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:		To:	Hourly Rate/Salary - Starting: Final:

2.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:		To:	Hourly Rate/Salary - Starting: Final:

3.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:		To:	Hourly Rate/Salary - Starting: Final:

4.

Employer:			
Address:		Telephone Number:	
Supervisor:			
Job Title:			
Reason for Leaving:			
Work Performed:			
Dates Employed - From:		To:	Hourly Rate/Salary - Starting: Final:

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

Special Skills and Qualifications

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

Nepotism and Fiscal Statements

Nepotism Statement

I hereby certify that I am not related to any of the City Council Members of the City of Crystal City by either consanguinity (blood) or affinity (marriage) and fully understand that if employed and it is later discovered otherwise that I will be dismissed from employment and will be subject to any fraud charges knowingly committed regarding this statement

NOTE: Relationship by consanguinity (blood relative) include a parent, child, grandparent, grandchild, sister, brother, great grandparent, great grandchild, aunt/uncle or niece/nephew.

Relationships by affinity (marriage include a spouse, parent, child, grandparent, grandchild, sister or brother.

I further certify that I have not been promised employment with the City of Crystal City by any City Council Member or Administrator of the City of Crystal City.

Signature of Applicant

Date

NOTE: Do not submit this application if you are related to a City Council Member in any of the categories of relationships mentioned above, or if you are not positive of the exact relationship. Instead sign below:

Are you related by consanguinity (blood) or affinity (marriage) to any employee(s) presently working with the City of Crystal City?

Person(s) _____ Relationship of Each _____

TO PERSONNEL OFFICE:

I am related to a City Council Member and would like to have a copy of the forms that I need to fill out explaining the relationship so that it can be determined if I am eligible to apply for employment at this time.

Signature of Applicant

Date

Fiscal Statement

Once employed with the City of Crystal City, I expressly agree that if through misinformation, misrepresentation, or error in salary or any other money other than that to which I am entitled to because of any qualifications, position, duties, degree (if any), and/or tenure is paid to me, the correction to the proper amount shall be made retroactively and adjusted immediately.

Signature of Applicant

Date

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. 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 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 the 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 and authorized executive of this organization.

In the event of employment, I understand that false 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/Salary _____

Department _____

By _____
Name and Title

Date

Notes: _____

Employment Data Sheet

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping reporting, and other legal requirements. Periodic reports are made to the government on the following information. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

[Please print]

Date _____

Government agencies at time require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name:		
Address:		
City:	State:	Zip:
Social Security Number:		

Complete only the Sections that have been Checked	
<input type="checkbox"/> Current Job:	
<input type="checkbox"/> Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Check one of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Check if any of the following are applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual	
<input type="checkbox"/> Birth Date:	

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____
Date:	_____



CITY OF CRYSTAL CITY

**AUTHORIZATION FOR RELEASE OF EMPLOYMENT
AND CRIMINAL INFORMATION**

I, _____, authorize the City of Crystal City or any of its investigators, or authorized agents or representatives, to obtain information from any of my previous employers. This information may include, but is not limited to, performance evaluations, attendance records, promotions, salary history, bonuses, and disciplinary action against me. I hereby authorize my former employer, _____ to release any such information, upon request, to the bearer of this release or a copy thereof. I further authorize the City of Crystal City to obtain all criminal records relating to me. I understand that the information sought is for purposes of evaluating me or hiring and may be disclosed to Individuals within the City of Crystal City on a "need to know" basis.

I hereby release any individual, including any custodian of records, from any and all causes of action or liability for damages of whatsoever kind of nature which may arise as a result of the release of any information regarding my employment or criminal history in accordance with this authorization.

Please print the following information, which is necessary to run the background check:

Last Name: _____

First Name: _____

Middle Initial: _____

Date of Birth: ____/____/____

Sex: _____

Social Security Number: _____

Signature: _____

Witness: _____

Dated: _____

