

**APPLICATION FOR EMPLOYMENT
CITY OF UNION POINT**

The City of Union Point is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

APPLICANT INFORMATION

NAME _____ DATE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL _____ PHONE _____

TYPE OF WORK DESIRED _____ SALARY RANGE _____ DATE AVAILABLE _____

If hired, can you provide documentation required to establish your eligibility to work in the U.S.? Yes No

Are you 16 years of age or older Yes No

How were you referred to the City of Union Point? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered.

EDUCATION:

Name of High School _____

Number of Years completed _____ Diploma or GED _____

College or Technical School

Name & Address _____

Course of Study _____ Number of Years Completed _____

Degree/Diploma/Certificate _____

Other Training _____

MILITARY EXPERIENCE: BRANCH OF SERVICE _____

DATES – From _____ To _____ Rank/Type of Service _____

Job Related Training Experience: _____

RECORD OF EMPLOYMENT:

List positions starting with most recent:

Employer _____ Contact/Phone _____

Address _____ Position/Title _____

Supervisor _____ Start Date _____ End Date _____

Beginning Salary/Wages _____ Ending _____

Duties _____

Reason for leaving _____

Employer _____ Contact/Phone _____

Address _____ Position/Title _____

Supervisor _____ Start Date _____ End Date _____

Beginning Salary/Wages _____ Ending _____

Duties _____

Reason for leaving _____

Employer _____ Contact/Phone _____

Address _____ Position/Title _____

Supervisor _____ Start Date _____ End Date _____

Beginning Salary/Wages _____ Ending _____

Duties _____

Reason for leaving _____

WORK RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Years Known	Contact Information
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENT (Please read this carefully before signing this application):

I understand that employment with the City of Union Point (the Organization) is at-will, meaning that I, or the Organization may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Organization to conduct a thorough background investigation of any of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Organization and its representatives or agents from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the required information.

I understand that the Organization requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____