

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 \_\_\_\_\_

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Employer \_\_\_\_\_ Contact/Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position/Title \_\_\_\_\_  
Supervisor \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Beginning Salary/Wages \_\_\_\_\_ Ending \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

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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: \_\_\_\_\_