

City of Montpelier
Department: _____

POSITION APPLIED FOR: _____

APPLICANT TELEPHONE: _____

SOCIAL SECURITY NUMBER: _____

Employment Application

YOUR NAME: _____
Last First Middle

ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

Yes No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION: Yes No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? _____

Work overtime? _____

Provide a valid Idaho Drivers License? _____

Are you able to perform the essential functions of the position with or without accommodations?

Yes No

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14__ 15__ 16__ 18__ 19__ 21__

I WILL BE ABLE TO REPORT TO WORK ____ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

EDUCATION:	Yrs. Completed	Field of Study	Graduate or Degree
High School _____			
College/University _____			
Business/Technical _____			
Other (May include grammar school) _____			

MILITARY SERVICE: Yes No

Duty/Specialized Training: _____

REFERENCES: List two personal references who are not relatives or former supervisors.

Name	Address	Telephone	Occupation	Years known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
_____	_____	_____
_____	_____	_____
_____	Supervisor's Name: _____ Telephone: _____	Reason for leaving

Employer Name and Address	Position Title/Duties Skills	Dates Employed from to
_____	_____	_____
_____	_____	_____
_____	Supervisor's Name: _____ Telephone: _____	Reason for leaving

EMPLOYMENT CONTINUED...

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Employer Name and Address	Position Title/Duties Skills	Dates Employed from _____ to _____
		Reason for leaving
	Supervisor's Name: _____ Telephone: _____	

Summarize other employment related to this job: _____

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: _____

Typing speed: _____ per minute.

Professional Licenses, Certifications or Registrations: _____

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: _____

In case of accident or illness please contact: Name: _____ Daytime phone: _____

Address: _____ Relationship: _____

Information to the applicant: As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I authorize investigation of all statements contined on this application. I understand and agree to the information shown above:

Signature: _____ Date: _____

Equal Employment Opportunity: While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no affect on your application for employment.

Employer Section: _____