Application for Employment

Please complete all questions for employment consideration.

This application will remain active for 90 days.
Reapplication is necessary after that time period.

Applicant Information

Full Name: _____

Address: _____
      Street Address   City, State Zip

Phone: _____ Email Address: _____

Type of work or position applied for? _____

How did you learn about this position? _____

If employee referral, please provide their name: _____

Describe why you are qualified for the position (attach resume if possible)._____

Are you available to work: Full-Time   Part-Time   Temporary (Please indicate dates available _____ to _____)

Date available to begin work: _____

Days of the week available: _____   Hours Available: _____

Compensation requirements:_____   Are you over 16?   Yes   No

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Have you been employed with us before?   Yes   No   If yes, when? _____

Have you filed an application with us before?   Yes   No   If yes, give date/result? _____

If you have relatives employed with us, their name/relationship: _____

If you would be engaged in any other work while in our employ, please explain. _____

If hired, can you demonstrate eligibility to work in the United States?   Yes   No

Has a former employer ever disciplined you for tardiness or absenteeism?   Yes   No

If yes, please explain: _____

Would a former employer categorize your attendance as meeting expectations?   Yes   No

If no, please explain: _____

Could you provide us with a copy of your last performance evaluation?   Yes   No

After learning of the job duties, to the best of your knowledge would you be able
to perform the essential functions of the position you are applying for?   Yes   No

If no, please explain: _____

List your complete employment record (including temporary, regular, and part-time) in date order.
List the most recent first. Include military service if applicable.

History of Employment

Are you currently employed?   Yes   No   If yes, may we contact?   Yes   No

Company: _____   Phone: _____

Address: _____

Supervisor's Name / Title: _____

If permission is given above, please provide supervisor's contact number: _____

Starting Position: _____   Ending Position: _____

From: _____   To: _____

Brief Job Description: _____

Reason for Leaving: _____

Are you currently employed?   Yes   No   If yes, may we contact?   Yes   No

Company: _____   Phone: _____

Address: _____

Supervisor's Name / Title: _____

If permission is given above, please provide supervisor's contact number: _____

Starting Position: _____   Ending Position: _____

From: _____   To: _____

Brief Job Description: _____

Reason for Leaving: _____

Are you currently employed?   Yes   No   If yes, may we contact?   Yes   No

Company: _____   Phone: _____

Address: _____

Supervisor's Name / Title: _____

If permission is given above, please provide supervisor's contact number: _____

Starting Position: _____   Ending Position: _____

From: _____   To: _____

Brief Job Description: _____

Reason for Leaving: _____

If you were employed under a different name in any of these positions, give name and applicable company: _____

Additional employment information should be listed on a separate document.

Account for any gaps in employment in the last 5 years (periods of 4 weeks or more).

From	To	Reason

Educational Background

School Name & Address	Dates Attended	Date Graduated	Diploma / Degree Certificate	Grade Point / Honors
High School	N/A	N/A		
Business / Trade				
College / University				

Computer Skills, Training or Experience Pertinent to the Job

Microsoft Office   Software Copier / Printer   Multi-Line Phone System

Additional Software Programs and Office Equipment:

_____

_____

_____

Machinery, Equipment and/or Tools:

_____

_____

_____

Vehicles:

_____

_____

_____

Other qualifications - summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

Please read thoroughly before signing.

It is understood that this application is not an obligation of employment. I hereby authorize the City of Columbia to investigate all references and former employment, and I release from liability those supplying such information. I understand that upon offer of employment, I may be required to take a drug test at the City of Columbia's expense. I realize that the offer of employment is contingent upon my test results being substance-free and satisfactory information being received from reference sources.

I will provide proof of my eligibility to work on the date of hire as required by "The Immigration Reform and Control Act of 1986."

I understand that the City of Columbia can make no guarantee as to the numbers of hours that I may be assigned from week to week, and any reduction in hours can affect my compensation and benefits. I also understand that I may be required to change days off and scheduled hours on a temporary or regular basis in order to continue my employment. Also, I understand that the City of Columbia reserves the right to transfer me to another position, as business necessitates, and my continued employment may be predicated upon my acceptance of said transfer. I understand that evenings and weekends may be a part of any schedule I may be assigned.

I understand that my employment is not governed by any written or oral contract and is considered an "at will" arrangement. I understand that I am free, as is the City of Columbia, to terminate employment at any time for any reason, so long as there is no violation of applicable Federal or State law.

I state that the information on this application is true and complete. False statements, misrepresentations, or omission may be cause for cancellation of an employment offer or termination, even if already employed. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

I understand that if employed in a position governed by a collective bargaining agreement to which the City of Columbia is a party that once I am covered by that agreement its terms may supersede some of the statements in this acknowledgement of understanding.

Signature: _____   Date: _____