



The City of Granite Shoals

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for: _____ Date: _____

How did you hear about us? _____

Full Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Primary phone: _____ Alternate phone: _____

Best time to contact: _____ Email address: _____

Social Security No.: _____ Driver's License No.: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever applied here before? ☐ Yes ☐ No If yes, date applied: _____

Have you ever been employed here? ☐ Yes ☐ No If yes, dates: _____

Do you have relatives or friends employed here? ☐ Yes ☐ No _____

Are you currently employed? ☐ Yes ☐ No If yes, may we contact your current employer? ☐ Yes ☐ No

Are you currently on "layoff" status and subject to recall? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (*Proof of citizenship or immigration status will be required upon employment*) ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If the position requires, are you able to travel away from home? ☐ Yes ☐ No

Are you available to work: ☐ Full time ☐ Part time ☐ Temporary ☐ Seasonal

If applying for temporary or seasonal work, please indicate dates available: _____ to _____

Hours available to work: ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Any time

What is your desired salary range? _____

If hired, date available to start work: _____

EDUCATION:

	Name/Address of School	Years attended	Diploma/Degree earned	Course of Study
Elementary				
Secondary				
Undergraduate				
Graduate				
Other				

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

EMPLOYMENT EXPERIENCE:

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$ per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$ per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
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Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$ per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

List professional, trade, business or civic activities and offices held:

You may exclude any information which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Other Qualifications and Specialized Skills:

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

Check any special skills you have:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Typing, _____ WPM | <input type="checkbox"/> PC/MAC | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Shorthand, _____ WPM | <input type="checkbox"/> Spreadsheets | <input type="checkbox"/> accounting |
| <input type="checkbox"/> Heavy equipment operation, list: _____ | | |
| <input type="checkbox"/> Licenses or certifications held, list: _____ | | |

Additional information you feel may be helpful to us in considering your application:

REFERENCES:

Please list three

NAME	ADDRESS	PHONE

APPLICANT'S STATEMENT:

I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other areas of my background, including criminal background, which the City believes relevant to my employment. I consent to the release and disclosure to the City or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agent for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information provided by me to the City may constitute grounds for immediate discharge regardless of when the information is discovered by the City. I understand my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the City to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

I understand that the City may require a medical or other examination at the time of employment and may condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offered. Post offer employment drug and alcohol testing and the release of the results of those tests to the City may also be required. I understand that I may be subject to drug and alcohol testing after employment.

Signature of Applicant

Date

This application for employment shall be considered active for a period of time 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.

FOR PERSONNEL DEPARTMENT USE ONLY

Date Received: _____ Is the position applied for open? ☐ Yes ☐ No

Applicant considered for which position(s):

Interviewed? ☐ Yes ☐ No Remarks: _____

Date of Birth: _____ (Required for completion of background check)

Signature of interviewer: _____ Date: _____

Employed? ☐ Yes ☐ No Date of employment: _____

Job Title: _____ Department: _____

Wage/Salary: \$ _____ per _____ By: _____