



# City of Canal Fulton

## Application for Employment

Thank you for your interest in applying for a job with our City. Because of our commitment to offering the highest possible satisfaction to our residents, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the City and our employees. Please answer the following questions honestly, completely and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or veteran status, or handicap or disability.

Date of Application \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street

City State Zip Code

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

If you are under 18 years of age, do you have a work permit? Yes \_\_\_\_ No \_\_\_\_

If you have ever worked under another name, please identify: \_\_\_\_\_

### YOUR JOB INTERESTS

Position Desired: \_\_\_\_\_ Date you can start work: \_\_\_\_\_

What starting salary or wage do you expect: \$ \_\_\_\_\_/hr \$ \_\_\_\_\_/wk \$ \_\_\_\_\_/month

Are you available for full-time work? Yes \_\_\_\_ No \_\_\_\_ Are you available for part-time work? Yes \_\_\_\_ No \_\_\_\_

Are you willing to work any shift? Yes \_\_\_\_ No \_\_\_\_

Are there any days of the week when you would not be available to work? Please specify: \_\_\_\_\_

How did you learn of this job opening? \_\_\_\_\_

Have you ever worked for the City before? Yes \_\_\_\_ No \_\_\_\_

When? \_\_\_\_\_ Who was your supervisor? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Do you know anyone who works here? Yes \_\_\_\_ No \_\_\_\_ Who? \_\_\_\_\_

### YOUR EDUCATION AND TRAINING

Please circle highest grade completed:	Name/Location of School	Did you Graduate?	Subjects Studied
Grade School (1 2 3 4 5 6 7 8)			
High School (9 10 11 12)			
College (1 2 3 4 5)			
Trade/Tech (1 2 3 4)			

What was the last school you attended? \_\_\_\_\_

What extracurricular activities did you participate in, or special skills did you acquire, at the above-circled schools(s) which might be helpful for the job in which you are applying? \_\_\_\_\_

\_\_\_\_\_

**YOUR WORK EXPERIENCE**

Beginning with your present or more recent employer, describe your employment experiences below:

Are you presently employed?                      Yes \_\_\_\_ No \_\_\_\_

Are you on layoff and subject to recall?      Yes \_\_\_\_ No \_\_\_\_      If yes, to where? \_\_\_\_\_

1. Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
   month/year      month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_ No \_\_\_\_ If "No," please explain: \_\_\_\_\_

\_\_\_\_\_

May we contact your present employer at this time:      Yes \_\_\_\_ No \_\_\_\_

If "No," please explain: \_\_\_\_\_

2. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
   month/year      month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_ No \_\_\_\_ If "No," please explain: \_\_\_\_\_

\_\_\_\_\_

3. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor: \_\_\_\_\_  
month/year month/year

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer? Yes \_\_\_\_ No \_\_\_\_ If "No," please explain: \_\_\_\_\_

4. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

5. Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

### PERSONAL INFORMATION

Do you have, or have you applied for, the legal right to remain permanently and work in the United States?

Yes \_\_\_\_ No \_\_\_\_

Have you ever been discharged or asked to resign by an employer? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

A record of criminal conviction will not necessarily be a bar to employment, since the City will consider factors such as age, time of the offense, and nature and seriousness of the violation, and the evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a crime, other than minor traffic violations? Yes \_\_\_\_ No \_\_\_\_

If your answer is yes, please explain: \_\_\_\_\_

Please complete this section if the job for which you are applying might require you to drive City vehicles.

Do you have a valid driver's license? Yes \_\_\_\_ No \_\_\_\_ License No. and state: \_\_\_\_\_

Have you had any accidents in the last five years? Yes \_\_\_\_ No \_\_\_\_ If yes, please give details: \_\_\_\_\_

Has your driver's license ever been suspended, revoked, denied or cancelled? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain: \_\_\_\_\_

**YOUR MILITARY EXPERIENCE**

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

Have you ever been in the United States Armed Services? Yes \_\_\_ No \_\_\_

What branch? \_\_\_\_\_

Describe any skills you acquired in the Service which would be useful to the job for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YOUR REFERENCES**

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

List the names of any professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives:

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

By signing below, I certify that I have read, understand and agree to each of the following statements:

All the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known by the City, would affect my application unfavorably.

If I am hired by the City, and if the City discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

The employment application will be considered active for ninety (90) days from the date below. If I want to be considered for a job with the City after this period of time, I must fill out another application.

If offered a position, I agree to submit to post-offer pre-employment testing for drugs or alcohol prior to beginning work with the City and understand that a positive test will form the basis for rescission of any job offer. I understand that if I am employed by the City, I may be required, when job related and consistent with the City's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment with the City, I agree to abide by all the City's rules and regulations.

I understand that nothing in this employment creates a contract of employment between me and the City. If I am hired by the City, my employment and compensation are "at will," which means that my employment can be terminated, either by the City or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, which is not an at-will agreement. Only the City Manager has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the City or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the City's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the City, I authorize the City to withhold from my wages such amounts as permitted by law to satisfy my obligation to the City.

I give the City my permission to conduct any investigation regarding the information contained in my employment application, which the City thinks is necessary to determine my qualifications for assuming a job with the City. I give the City my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the City whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

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Date

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Signature

