

City of Valley City

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.

(PLEASE PRINT)

Position(s) Applied For		Date of Application		
How did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____
Last Name		First Name		Middle Name
Address		City		State
				Zip
Telephone Number(s)			Social Security Number	
			N/A	

Best time to contact you: _____ : _____ AM
PM

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

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

Have you ever been employed with us before? If yes, give date: _____ Yes No

Do any of your friends or relatives work here?
If yes, state name, relationship and location: _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? 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

Date available for work: ____/____/____ What is your desired salary range? _____

Are you available for work: Full Time (Please indicate: 1 2 3 shift)
 Part Time (Please indicate: Mornings Afternoons Evenings)
 Temporary (Please indicate dates available: ____/____/____ - ____ - ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the position requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE (Going back at least 10 years)

Start with your present or last 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.

Employer	Dates Employed	
Address	From	To
Telephone Number(s)	Hourly/Annual Rate/Salary	
Starting/Present Job Title	Starting	Final
Supervisor		
Reason for Leaving	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties & Responsibilities:		

Employer	Dates Employed	
Address	From	To
Telephone Number(s)	Hourly/Annual Rate/Salary	
Starting/Present Job Title	Starting	Final
Supervisor		
Reason for Leaving	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties & Responsibilities:		

Employer	Dates Employed	
Address	From	To
Telephone Number(s)	Hourly/Annual Rate/Salary	
Starting/Present Job Title	Starting	Final
Supervisor		
Reason for Leaving	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Duties & Responsibilities:		

COMMENTS: (Include explanation of any gaps in employment.)

EDUCATION

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (Specify)				

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

Describe any job-related training received in the United State military.

List professional, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

Other Qualifications (Summarize special job-related skills and qualifications acquired from employment or other experience.)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOBS FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No

Specialized Skills (Skills/Equipment Operated)

Software You Are Proficient With:

 PC Mac Word Processing Typing [WPM: _____]

Equipment/Mobile Machinery (list)

Other (list)

State any additional information you feel may be helpful to us in considering your application:

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members)

Name	Phone Number	Best Time to Call	Occupation	Years Known
1.				
2.				
3.				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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 period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date