**Employment Application**

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| Name: |  | | |  | |  | | |
|  | First Last | | |  | | Middle | | |
| Address: | |  | | |  | |  |
|  | | Street City | | | State | | Zip Code |
| Telephone: | | |  | |  | |  | |
|  | | | Home Work | | E-Mail | |  | |

Are you legally eligible for employment in the United States? Yes  No

Is the position for which you are applying one in which you would have a supervisory, hiring, disciplinary, or grievance adjustment authority responsibilities for or by a family member? Yes  No

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| If yes, please explain: |  |
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| --- | --- | --- | --- | --- | --- |
| Schools | Name, City, State | Subjects, Trade  or Major | Number  of Years | Did you complete training or did you graduate? | Diploma, Degree, or Certification |
| High School/  GED |  |  |  | Yes  No | Yes  No |
| College |  |  |  | Yes  No | Yes  No |
| College |  |  |  | Yes  No | Yes  No |
| Apprenticeship |  |  |  | Yes  No | Yes  No |

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| Other related coursework, seminars, or training programs |  |
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Are you willing to do the following: (Check all that apply)

Pick Up Trash  Work on Sprinkler Systems

Clean Bathrooms (including toilets)  Work Over-Time

Work With Water Systems  Take On-Call Shifts

Work With Sewer Systems  Learn All Aspects of This Position

Please check the below conditions that you are willing to work in:

Extreme Heat  Wet Weather

Extreme Cold  High Stress

Extreme Wind

Have you operated the following: (Check all that apply)

Riding Lawn Mower  Fertilizer Spreader  Paint Sprayer

Push Mower  Drill  Air Compressor

Chain Saw  Snow Plow

Weed Trimmer  Snow Blower

Weed Sprayer  Snow Shovel

**Education / Apprenticeship**

**Trade and Technical Skills**

Summarize skills such as equipment, tools, or machinery you are proficient in operating, or any other qualifications that substantially relate to the position you are applying for:

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**Military Transferable Skills**

Summarize skills obtained through military education or experience that substantially relates, directly or indirectly, to the position you are applying for:

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**Employment Background -** Attach additional pages if more space is needed.

List your three most recent jobs in order, starting with your current or most recent job, do not omit any jobs. If you have worked in any position under another name, please give the name(s).

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| **1. Current or last employer:** | | Your title: | |
| Address: | | Supervisor: | |
| City / State / Zip: | | May we contact your current employer at this time?  Yes  No | |
| Dates of employment  From: To: | Full-Time  Part-Time Hours/Week: | | Telephone Number: |

Were you discharged from this job?  Yes  No If yes, why? If no, why do you want to leave your current or last employer?

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Job Duties:

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List your three most recent jobs in order, starting with your current or most recent job, do not omit any jobs. If you have worked in any position under another name, please give the name(s).

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| **2. Next former employer:** | | Your title: | |
| Address: | | Supervisor: | |
| City / State / Zip: | | May we contact your current employer at this time?  Yes  No | |
| Dates of employment  From: To: | Full-Time  Part-Time Hours/Week: | | Telephone Number: |

Were you discharged from this job?  Yes  No If yes, why? If no, why do you want to leave your current or last employer?

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Job Duties:

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**Other supervisor references only** – Do not list relatives or other personal references.

List your three most recent jobs in order, starting with your current or most recent job, do not omit any jobs. If you have worked in any position under another name, please give the name(s).

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| --- | --- | --- | --- |
| **3. Next former employer:** | | Your title: | |
| Address: | | Supervisor: | |
| City / State / Zip: | | May we contact your current employer at this time?  Yes  No | |
| Dates of employment  From: To: | Full-Time  Part-Time Hours/Week: | | Telephone Number: |

Were you discharged from this job?  Yes  No If yes, why? If no, why do you want to leave your current or last employer?

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Job Duties:

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| Name: | Company: | Telephone: | Years Known |
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| 2. |  |  |  |
| 3. |  |  |  |

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| Interviewer Notes: |
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**Please read and understand this statement before signing your application**

The City of Terrytown is an EQUAL OPPORTUNITY EMPLOYER and considers all applications for employment regard to race, color, religion, national origin, age, or the presence of non-job related disabilities.

I certify that all answers to questions in this application are true and complete to the best of my knowledge; I understand that giving false information or misrepresenting facts may be grounds for denial of employment or discharge if hired.

I acknowledge this application is to be considered only for this particular opening and will become inactive when this position is filled.

I hereby understand and acknowledge that, unless otherwise defined by applicable state or federal law, any employment relationship with the City of Terrytown is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

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(Applicant’s Signature) (Date)