

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information 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"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

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?

Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes  No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?

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?

Yes  No

Proof of citizenship or immigration status will be required upon employment.

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:

Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available \_\_\_/\_\_\_ - \_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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


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


List professional, trade, business or civic activities and offices 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.


**SPECIALIZED SKILLS** (Check Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Production/Mobile Machinery (list)	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	
WPM _____	WPM _____	_____	

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


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

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  YES  NO

**REFERENCES**

Name	Phone Number
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 time 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.

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

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



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**Amsterdam**

**CITY OF ANDREWS  
SUPPLEMENT TO JOB APPLICATION  
PAGE 1**

**Military Service:**

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_  
If so: Dates of service From \_\_\_\_\_ to \_\_\_\_\_  
Branch of service \_\_\_\_\_  
Rank held at discharge \_\_\_\_\_  
Military experience/training applicable to City employment \_\_\_\_\_  
\_\_\_\_\_

**Residences:**

List all addresses where you have lived during the past five (5) years, beginning with your present address. List by month and year. Attach extra page if necessary.

ADDRESS:	FROM:	TO:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Languages:** (Optional) Indicate any language other than English you can speak, read and/or write:

	<u>Fluent</u>	<u>Good</u>	<u>Fair</u>
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

**Conviction Record:**

Have you ever been convicted of a DWI/DUI? \_\_\_\_\_  
If so, give date/dates \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_  
If so, give date/dates \_\_\_\_\_  
What was the conviction for? \_\_\_\_\_

**I authorize the City of Andrews to investigate my criminal history record and my driver's license record. A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.**

**A medical examination and drug test is required by the City of Andrews at the time of employment. If selected for employment with the City of Andrews, I understand I will undergo a medical examination and drug test as a condition of employment and that my employment will be conditional upon a satisfactory result of those examinations.**

Signature \_\_\_\_\_ Date \_\_\_\_\_