

**City of Shoreacres Employment Application Form**

**PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE**

DATE: \_\_\_\_\_

Name \_\_\_\_\_

Last                                      First                                      Middle                                      Maiden

Present address \_\_\_\_\_

Number                                      Street                                      City                                      State                                      Zip

How long have you lived at this address? \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age: \_\_\_\_\_

Position applied for (1) \_\_\_\_\_

and salary desired (2) \_\_\_\_\_

(Be specific)

Days and Hours available to work

No Preference Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

Employment desired:

FULL-TIME ONLY

PART-TIME ONLY

FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLEAD GUILTY TO A CRIME OR RECEIVED A DEFERRED ADJUDICATION FOR A CRIME?**       No       Yes

If yes, explain number crime(s), nature of offense(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

**DO YOU HAVE A DRIVER'S LICENSE?**       Yes       No

**What is your means of transportation to work?**

**Driver's license number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**State of issue** \_\_\_\_\_       Operator       Commercial (CDL)       Chauffeur

**Have you had any accidents during the past three years?**      **How many?**

**Have you had any moving violations during the past three years?**      **How Many?**

**Please list two references other than relatives or previous employers.**

<b>Name:</b>	_____	<b>Name:</b>	_____
<b>Position:</b>	_____	<b>Position:</b>	_____
<b>Company:</b>	_____	<b>Company:</b>	_____
<b>Address:</b>	_____	<b>Address:</b>	_____
<b>Relationship:</b>	_____	<b>Relationship:</b>	_____
<b>Telephone ( )</b>	_____	<b>Telephone ( )</b>	_____

**An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**

**MILITARY**

**HAVE YOU EVER BEEN IN THE ARMED FORCES?**       Yes       No

**ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?**       Yes       No

**Specialty**      **Date Entered**      **Discharge Date**

**Work Experience**      **Please list your work experience for the past five years beginning with your most recent job held.**

**If you were self-employed, give firm name. Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

**Reason for leaving (be specific)**

**List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.**

<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your Last Job Title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

May we contact your present employer?  Yes  No  
 Did you complete this application yourself  Yes  No  
 If not, who did?

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**PLEASE READ CAREFULLY: APPLICATION FORM WAIVER**

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In exchange for the consideration of my job application by the City of Shoreacres ("the City"), I agree that: Employment with the City is under an employment-at-will relationship. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of City, or otherwise to change in any respect the employment-at-will relationship, and that the employment-at-will relationship cannot be altered except by a written instrument signed by the Mayor of the City. Both I and the City may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I have provided truthful and complete information in response to the questions in this application, and I understand that the misrepresentation or omission of facts called for is good cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City and my schools, previous employers, references, and others from any liability as a result of such contact.

I also understand that (1) the City has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of my employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**This City is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this City depends solely on your qualifications.**

**Thank you for completing this application form and for your interest in our business.**