



## Application for Employment

### Personal

Name: \_\_\_\_\_  

Last
First
Middle

Current Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  

Street
City
State
Zip Code

Previous Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  

Street
City
State
Zip Code

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Have you ever worked for this Company?  Yes  No If yes, where? \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason For Leaving: \_\_\_\_\_

### Employment Interests

Position You Are Applying For: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Total Number of Hours Desired Per Week: \_\_\_\_\_ Expected Wage: \_\_\_\_\_

Type Of Employment Desired:  Full Time  Part Time  Temporary (Dates) From: \_\_\_\_\_ To: \_\_\_\_\_

Days and Times Available (indicate a.m. and/or p.m.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

### Education

	High School				College/University				Other Education/Tech. School			
Last Year Completed	9	10	11	12	1	2	3	4	1	2	3	4
GED/Diploma/Degree												
Describe any extracurricular activities, clubs, hobbies, etc.												

### General Information

Are you 16 years of Age or older?  Yes  No Are you 18 years of age or older?  Yes  No

Do you have access to some reliable form of transportation?  Yes  No If yes, what type? \_\_\_\_\_

If employment is offered, can you submit verification of your legal right to work in the United States?  Yes  No

Have you ever been convicted of any crime, including a misdemeanor and/or felony, in the past seven years?  Yes  No  
 If yes, for what offense(s) have you been convicted? When and where? \_\_\_\_\_

NOTE: The existence of a conviction record(s) does not constitute an automatic bar to employment. Your conviction record(s) will be considered only as it may substantially relate to the job for which you are applying.

### Employment History

Provide a complete description of your employment history for the past FIVE years. Start with your PRESENT employer. Be sure to include dates of service in the armed forces and any unemployed or self-employed periods. Attach an additional sheet if necessary.  
NOTE: A resume does not substitute for completion of an employment history. Only a fully completed application will be considered for employment openings.

Employer:	Dates Employed (Mo/Yr)	Job Description / Responsibilities
Address/City/State/Zip Code	From: _____ To: _____ Hourly Rate / Salary	
Telephone Number(s)	Starting: _____ Final: _____ Employment Status Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Supervisor <span style="float: right;">Title</span>	Were You Ever Disciplined? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason For Leaving	How Many Days Notice Given Before Leaving?	

**Employment History Continued On Back Side**

### Employment History Continued

<b>Employer:</b>	Dates Employed (Mo/Yr)	Job Description / Responsibilities
Address/City/State/Zip Code	From: _____ To: _____	
	Hourly Rate / Salary	
Telephone Number(s)	Starting: _____ Final: _____	
	Employment Status Full Time      Part Time	
Supervisor _____ Title _____	Were You Ever Disciplined? Yes              No	
Reason For Leaving	How Many Days Notice Given Before Leaving?	
<b>Employer:</b>	Dates Employed (Mo/Yr)	Job Description / Responsibilities
Address/City/State/Zip Code	From: _____ To: _____	
	Hourly Rate / Salary	
Telephone Number(s)	Starting: _____ Final: _____	
	Employment Status Full Time      Part Time	
Supervisor _____ Title _____	Were You Ever Disciplined? Yes              No	
Reason For Leaving	How Many Days Notice Given Before Leaving?	

### Additional Information

In addition to your work history, list any other job-related experiences, skills, or qualification you would like us to consider.

### Additional References

List names and telephone numbers of two work or professional references who are not related to you and who are not listed as references in the Employment History.

Name	(      ) Work Phone	(      ) Home Phone	Years Known
Name	(      ) Work Phone	(      ) Home Phone	Years Known

**Authorizations: Applicant, please read, provide the information requested and sign.**

#### Drug Testing

I understand as required by Company policy, that all prospective employees must submit to a controlled substance test upon a conditional offer of employment. A urine specimen will be collected at a collection site selected by the company and tested for controlled substances at a DHHS/SAMSHA-certified laboratory. I understand that if I decline to sign this consent and thereby decline to take the test, the conditional offer of employment will be withdrawn.

I hereby agree to voluntarily submit to a controlled substance test and further understand that if said test is verified as positive, that I will be considered unqualified for employment by the Company.

Applicant's Signature: \_\_\_\_\_

Parent's Signature (if applicant is a minor): \_\_\_\_\_

#### Employment Verification and Conditions

I certify that all of the information provided on this application is true to the best of my knowledge. I understand that the company may look to verify the information I have provided in this application for employment and that the company may conduct an investigation concerning my background to the company. If the position for which I am applying requires me to drive a company vehicle, I understand that I must provide a current copy of my motor vehicle record.

I understand that employment with the company is "at will", which means that either the Company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the company, other than the president, has any authority to alter the foregoing.

I understand that this application is kept on file for one year. I have read, understood and have agreed to all of the statements above

Signature As Shown On Social Security Card

Date of Application

Print Name As Shown On Social Security Card



## Voluntary Information

The City of Madison had adopted an Affirmative Action Ordinance in compliance with Federal Law. The disclosure of the following information is voluntary and allows us to meet Federal government reporting requirements and judge the effectiveness of our recruitment efforts. The information will be used in accordance with City of Madison policies and ordinances, and State and Federal law which forbids discrimination based on this information.

**NAME:** \_\_\_\_\_

**GENDER:**     Male     Female

**DATE OF BIRTH:** \_\_\_\_\_

**RACE OR ETHNICITY:** (SELECT ONE OR MORE)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White
- Other (specify): \_\_\_\_\_

**DISABILITY:** Do you have a disability?     Yes     No

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2(g) and Section 504 of the Rehabilitation Act of 1973, a "Disabled Person" means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such impairment; or
3. Is regarded as having such impairment.

Do you need any special assistance/modification to help you compete in the employment process? (For example: sign language interpreter, special aids reader or writer, etc.)     Yes     No

If yes, accommodation requested is: \_\_\_\_\_

You may be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

**How did you learn of this vacancy?** \_\_\_\_\_

**Equal Opportunity Employer**