

# CITY OF HUBBARD

## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about us?

- Advertisement    
  Relative    
  Inquiry    
  Employment Agency    
  Friend    
  Other

Last Name	First Name	Middle Name
_____		
Address	Number	Street
		City
		State
		Zip Code
Telephone Number		Drivers License # (Required)
(       ) -		State
		Social Security Number
		\       \

Best time to contact you at home is: \_\_\_\_\_

If you are under the age of 18, can you provide required proof of your eligibility to work?..... YES      NO

Are you a military Veteran? YES    NO    If yes, provide dates of active duty: \_\_\_\_\_

Have you ever filed an application with us before? ..... YES      NO

    IF YES, WHEN? \_\_\_\_\_

Have you ever been known by any other name(s) that we will require to verify any of the information on this application?

\_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... YES      NO

Are you currently employed? ..... YES      NO

Are you prevented from being lawfully employed in this country due to Visa or Immigration Status? . YES      NO

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

Date available to work: \_\_\_/\_\_\_/\_\_\_                      Desired salary range? \_\_\_\_\_

Are you available to work:             Full-Time

Part-Time

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

# EMPLOYMENT EXPERIENCE

Start with your present, or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate age, race, color, creed, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor:			
Reason for Leaving:			

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor:			
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Telephone Number(s)			
Job Title	Hourly Rate/Salary		
Supervisor:			
Reason for Leaving:			

**If you need additional space, please continue on a separate sheet of paper.**

May we contact your former employers to verify this information? ..... YES NO

May we contact your present employer? ..... YES NO

Please explain all gaps of employment.

# EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, skills, qualifications, and extra curricula activities from employment, military, or other experiences that you have.


**Specialized Skills** (Check Skills/Equipment Operated)


**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

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1.

(Name)

(Address)

(Phone #)

2.

(Name)

(Address)

(Phone #)

3.

(Name)

(Address)

(Phone #)

# APPLICANT'S STATEMENT

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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 the City of Hubbard is of an "at will" nature, which means that the Employee may resign at any time and the City 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 City of Hubbard.

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