



# The City of Granite Shoals

## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip

Primary phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Best time to contact: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever applied here before?  Yes  No If yes, date applied: \_\_\_\_\_

Have you ever been employed here?  Yes  No If yes, dates: \_\_\_\_\_

Do you have relatives or friends employed here?  Yes  No \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

Are you currently on "layoff" status and subject to recall?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (*Proof of citizenship or immigration status will be required upon employment*)  Yes  No

Have you ever been convicted of a felony?  Yes  No

If the position requires, are you able to travel away from home?  Yes  No

Are you available to work:  Full time  Part time  Temporary  Seasonal

If applying for temporary or seasonal work, please indicate dates available: \_\_\_\_\_ to \_\_\_\_\_

Hours available to work:  Mornings  Afternoons  Evenings  Any time

What is your desired salary range? \_\_\_\_\_

If hired, date available to start work: \_\_\_\_\_

**EDUCATION:**

	Name/Address of School	Years attended	Diploma/Degree earned	Course of Study
Secondary				
Undergraduate				
Graduate				
Other				

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

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

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**EMPLOYMENT EXPERIENCE:**

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$ _____ per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$                  per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$                  per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

Employer:	
Address:	
Dates employed:	
Job Title:	Wage/Salary: \$                  per
Work Performed:	
Reason for leaving:	
Supervisor:	
Contact phone number:	

**List professional, trade, business or civic activities and offices held:**

*You may exclude any information which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

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**Other Qualifications and Specialized Skills:**

List special job-related skills and qualifications acquired from employment or other experience.

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Check any special skills you have:

- Typing, \_\_\_\_\_ WPM       PC/MAC       Word Processing  
 Microsoft Office       Spreadsheets       Accounting  
 Heavy equipment operation, list: \_\_\_\_\_  
 Licenses or certifications held, list: \_\_\_\_\_

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**Additional information you feel may be helpful to us in considering your application:**

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**REFERENCES:**

Please list three

NAME	ADDRESS	PHONE

**APPLICANT'S STATEMENT:**

I voluntarily authorize and grant full consent to the City or its agent to conduct a thorough investigation into my prior employment and any other areas of my background, including criminal background, which the City believes relevant to my employment. I consent to the release and disclosure to the City or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability the City or its agent for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that any false information provided by me to the City may constitute grounds for immediate discharge regardless of when the information is discovered by the City. I understand my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which was deemed by the City to be unsatisfactory may constitute grounds for immediate discharge, also regardless of when discovered.

I understand that the City may require a medical or other examination at the time of employment and may condition an offer of employment on the successful completion of that examination and verification of my ability to perform the essential functions of the position offered. Post offer employment drug and alcohol testing and the release of the results of those tests to the City may also be required. I understand that I may be subject to drug and alcohol testing after employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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.

**FOR PERSONNEL DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_ Is the position applied for open?     Yes     No

Applicant considered for which position(s):  
\_\_\_\_\_

Interviewed?     Yes     No    Remarks: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (Required for completion of background check)

Signature of interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Employed?     Yes     No    Date of employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Wage/Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ By: \_\_\_\_\_