

City of Brentwood

Application for Employment

(Please Print Legibly)

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.

We are an equal opportunity employer

Position Applying For	Date of Application		
How did you learn about us?			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)		Social Security Number (voluntary)	
Best time to contact you at home is		:	AM/PM
If you are under 18, can you provide required proof of eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date		_____	
Have you ever been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date		_____	
Do any of your friends or relatives, other than spouse, work here?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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

Date available for work ____/____/____

Desired Salary Range _____

Are you available to work: Full Time (please indicate 1 2 3 shift)

Part Time (please indicate Mornings Afternoons 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

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)				

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 race, color, religion, gender, national origin, disabilities or other protected status.

			Dates Employed		Work Performed
Employer			To	From	
Address					
Telephone Number			Hourly Rare Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
			Dates Employed		Work Performed
Employer			To	From	
Address					
Telephone Number			Hourly Rare Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
			Dates Employed		Work Performed
Employer			To	From	
Address					
Telephone Number			Hourly Rare Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
			Dates Employed		Work Performed
Employer			To	From	
Address					
Telephone Number			Hourly Rare Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					

If you need additional space, continue on a separate piece of paper

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)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
___	___	_____	_____
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ 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 accomodation? ___ YES ___ NO

REFERENCES

1	()
(Name)	(Phone Number)
(Address)	
2	()
(Name)	(Phone Number)
(Address)	
3	()
(Name)	(Phone Number)
(Address)	

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied for Is Open	___ Yes	___ No
Position(s) Considered For	_____	

	Date	_____

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 stated 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. 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 employer.

Signature of Applicant

Date

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Arrange interview ___ Yes ___ No

Remarks _____

Interviewer

Date

Employed ___ Yes ___ No Date of Employment _____

Job Title _____ Hourly rate/
Salary _____

Department _____ By _____
Name and Title Date

