

Village of Hanna City Employment Application Form

DATE _____				
Name _____				
Last	First	Middle		
Present address _____				
Number	Street	City	State	Zip
Telephone () _____				
Are you under age 18 ____YES ____NO, if "YES", can you provide proof of your eligibility to work? ____YES ____NO				
Are you currently authorized to work in the United States? ____YES ____NO				
Position applied for (1) _____		<u>Days/hours available to work:</u>		
and wage desired (2) _____		No Pref _____	Thur _____	
		Mon _____	Fri _____	
		Tue _____	Sat _____	
		Wed _____	Sun _____	
How many hours can you work weekly? _____				
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> TEMPORARY/CONTRACT				
When are you available to start work? _____				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Were you referred by a current employee? If so, whom? _____				

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER in the ARMED FORCES? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the 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	
		From	
		To	
Your last job title			
Reason for leaving (be specific)			
Name of employer : Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	
		From	
		To	
Your Last Job Title			
Reason for leaving (be specific)			
Name of employer : Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	
		From	
		To	
Your last job title			
Reason for leaving (be specific)			
Name of employer : Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	
		From	
		To	
Your last job title			
Reason for leaving (be specific)			

May we contact your present employer? Yes No

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job for which you have applied, with or without a reasonable accommodation ____ Yes ____ No.

PLEASE READ CAREFULLY

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, height, weight, or disability. We assure you that your opportunity for employment with us depends solely on your qualifications.

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

Applicant Signature

Print

Date

