



# City of Mt. Washington

## Application for Employment

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apt./Unit #*

\_\_\_\_\_ *City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referred By: \_\_\_\_\_ Are you 18 yrs. of age or older?  Yes  No

### Employment Desired

Position: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you employed now?  Yes  No If so, may we contact your current employer?  Yes  No

Have you ever applied for this company before?  Yes  No If yes, when? \_\_\_\_\_

### Education

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed
High School				
College				
Graduate/Professional				
Trade or Correspondence				

Job Related Skills (computer, driver's license certifications, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Former Employers** List below your last four employers, starting with the last one first.

<b>Date (Month and Year)</b>	From
	To
<b>Employer Information (Name, Address, Phone Number)</b>	
<b>Salary (upon leaving)</b>	
<b>Position</b>	
<b>Reason for Leaving</b>	
<b>May we contact them? (circle one)</b>	YES NO

<b>Date (Month and Year)</b>	From
	To
<b>Employer Information (Name, Address, Phone Number)</b>	
<b>Salary (upon leaving)</b>	
<b>Position</b>	
<b>Reason for Leaving</b>	
<b>May we contact them? (circle one)</b>	YES NO

<b>Date (Month and Year)</b>	From
	To
<b>Employer Information (Name, Address, Phone Number)</b>	
<b>Salary (upon leaving)</b>	
<b>Position</b>	
<b>Reason for Leaving</b>	
<b>May we contact them? (circle one)</b>	YES      NO

<b>Date (Month and Year)</b>	From
	To
<b>Employer Information (Name, Address, Phone Number)</b>	
<b>Salary (upon leaving)</b>	
<b>Position</b>	
<b>Reason for Leaving</b>	
<b>May we contact them? (circle one)</b>	YES      NO

**References** List below three persons not related to you, whom you have known at least one year.

Name	Address and Phone Number	Position	Years Acquainted
1			
2			
3			

### Disclaimer and Signature

The City of Mt. Washington is an equal opportunity employer. Any applicant who needs an ADA accommodation in the employment selection process shall request the accommodation from the City Administrator/Clerk.

**If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.**

#### Authorization

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative.**

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and separated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

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Signature

Date