



Employment Application

Position(s) Applied for:			
Last Name		MI	Phone
Address		City	State Zip
Have you ever been employed by the Public Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? From _____ to _____			
Did a Public Authority employee refer you for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the name of the employee: _____			
Do you have any relatives working with the Public Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the name of the employee: _____			
How did you learn about this job opening?			
Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years of age or older? (If no, you may be required to provide authorization to work) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you work overtime, including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you able to perform the essential functions of the job for which you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date you can start _____ Hourly rate/Salary desired _____			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Education/Training

Name of School	Type of Course/Degree	Graduate (yes/No)
High School:		
College/University:		
Graduate School:		
Other:		

Employment History

List your total employment record for the past seven years, beginning with the most recent. Include periods of unemployment, military, and/or volunteer experience. Incomplete information could disqualify you from further consideration.

Name of Company:	Position Title:
Dates employed: From _____ to _____	Job Duties Summary:
Supervisor's Name:	
Supervisor's Phone No.:	
Address Company:	Reason for Leaving:

Name of Company:	Position Title:
Dates employed: From _____ to _____	Job Duties Summary:
Supervisor's Name:	
Supervisor's Phone No.:	
Address Company:	Reason for Leaving:

Name of Company:	Position Title:
Dates employed: From _____ to _____	Job Duties Summary:
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Supervisor's Phone No.:	
Address Company:	Reason for Leaving:

Name of Company:	Position Title:
Dates employed: From _____ to _____	Job Duties Summary:
Supervisor's Name:	
Supervisor's Phone No.:	
Address Company:	Reason for Leaving:

Professional References

List the names of three persons, not related to you, whom you have known at least three years.

Name:	Phone Number	Years Known

The Public Authority is an equal opportunity employer. The Public Authority does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status, or unfavorable discharge from the military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Public Authority to hire me. If I am hired, I understand that either the Public Authority or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Public Authority has the authority to make any assurance to the contrary.

I attest with my signature below that I have given the Public Authority true and complete information on this application. No requested information has been concealed. I authorize the Public Authority to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature of Applicant:	Date:
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