



Employment Application

The City of Adams will provide equal employment opportunities to all applicant's without regard to an applicant's race, color, religion, sex, national origin, age, marital status, veteran status, disability, or any other status protected by law.

The City of Adams will provide reasonable accommodation to allow an applicant to participate in the hiring process (i.e. accommodations for a test or job interview) if so requested. When completing this application, you may exclude information that would disclose or otherwise reference your race, religion, age, sex, marital status, veteran status, disability, or any other status protected by law.

PLEASE PRINT – USE INK – COMPLETE ALL SECTIONS AND ATTACH A RESUME

Today's Date				
GENERAL INFORMATION				
Last Name	First Name			Middle Name
Home Address	City	State	Zip Code	Home Telephone No.
Mailing Address	City	State	Zip Code	Business Telephone No.
E-mail Address				
Mobil Phone/Pager				
<p>All offers of employment are conditioned upon your ability to provide evidence of your right to be legally employed.</p> <p>Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				

JOB INFORMATION		
Position Applying For: _____	R- Regular T- Temporary S- Seasonal (circle one)	F- Full-Time P – Part-Time (circle one)
Salary Desired: _____		
If part-time, are there hours or days you are not available to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list _____ _____		
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously been employed by the City of Adams? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please identify the dates of employment, the position and reason for leaving. _____
Have you previously applied for employment with the City of Adams? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relatives or friends that are employed with the City of Adams? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide name, relationship and position. _____ _____		

EMPLOYMENT HISTORY

Please provide a complete employment history listing all positions held for the last 10 years including part-time, summer, and volunteer work, starting with most recent employer, please account for any periods of unemployment in the space provided at the top of the following page. *

Present or Most Recent Employer

Address	City	State	Zip Code	Telephone
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Position	Supervisor's Name	Supervisor's Title
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Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending or Current Base Pay/Hourly Rate	Reason for Leaving
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Other Compensations (Bonus, Commission, Draws, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:

May we contact your present employer? Yes No If no, please explain:

Responsibilities

Employer #2

Address	City	State	Zip Code	Telephone
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Position	Supervisor's Name	Supervisor's Title
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Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending or Current Base Pay/Hourly Rate	Reason for Leaving
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Other Compensations (Bonus, Commission, Draws, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:

May we contact your present employer? Yes No If no, please explain:

Responsibilities

Employer #3

Address	City	State	Zip Code	Telephone
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Position	Supervisor's Name	Supervisor's Title
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Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending or Current Base Pay/Hourly Rate	Reason for Leaving
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Other Compensations (Bonus, Commission, Draws, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:

May we contact your present employer? Yes No If no, please explain:

Responsibilities

Employer #4

Address	City	State	Zip Code	Telephone
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Position	Supervisor's Name	Supervisor's Title
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Employed From Month	Year	To Month	Year	Base Salary Starting Base Pay/Hourly Rate	Ending or Current Base Pay/Hourly Rate	Reason for Leaving
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Other Compensations (Bonus, Commission, Draws, etc.) When distributed? (Annually, quarterly, monthly) Amount or percentage:

May we contact your present employer? Yes No If no, please explain:

Responsibilities

EMPLOYMENT HISTORY CONTINUED

Please explain all periods of two months or more in which you were not employed during the past ten years. _____

Have you ever been terminated, laid off, discharged or asked to resign from any employer? ___ Yes ___ No
If yes, give the employer(s) and reason(s) for each discharge/resignation.

EDUCATION

Type of School	Diploma/Degree Type (GED, H.S., B.A., etc.) Received	Name of School City, State	Major Subject/Course
High School			
College			
Graduate School			
Other			

If currently attending school, what are the days and times of your scheduled classes?

SPECIAL SKILLS AND QUALIFICATIONS

List any academic honors, outstanding achievements, scholarships or other significant job-related awards.

List any professional licenses or certifications earned and any foreign language proficiency.

List software programs, PC and word processing equipment proficiency.

List skills other than clerical.

OTHER RELEVANT EXPERIENCE

Please provide any other information that you think would be helpful to us in considering you for employment such as additional work experience (paid or unpaid) gained in any job – related organizations, clubs, professional society or other association, or seminars, articles or books published, activities and accomplishments.

REFERENCES

In addition to the supervisors listed in the employment history section above, list three (3) professional references who can comment on your work performance. If not applicable, list three (3) personal references that are not related to you.

Name/Relationship Length of Time Known	Address	Occupation Company/Job Title	Telephone No.

APPLICANT PLEASE READ AND SIGN

I certify that the answers given to the questions and the statements made (including statements on the attached resume, and inserted forms if any) on this application and in the hiring process are true and correct to the best of my knowledge. I understand that a false statement, a false answer, an omission or a misleading statement may result in a decision not to hire me, the withdrawal of any offer of employment, or the termination of my employment with the City regardless of when such false, misleading, or erroneous information is discovered.

I further agree that the City reserves the right to make unilateral changes to the terms and conditions of my employment. I agree that this application represents the entire agreement between the City and me and it supersedes any prior agreement or understanding I may have had, whether oral or written.

Signature: _____

Date: _____