

CITY OF FERNDALE

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application	
How did you learn about us? Advertisement Friend Walk-in Employment Agency Relative Other:		
Last Name	First Name	Middle Name
Address	City	State Zip Code
Mailing Address: (if different)		
Telephone Number(s)	Email address	

Are you at least 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you previously filed an application with the City of Ferndale?: Yes No

If Yes, give date: _____

Have you previously been employed with the City of Ferndale?: Yes No

If Yes, give date: _____

Are you currently employed? Yes No

May we contact your present employer? Yes 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

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-Off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

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Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeships, skills and extra-curricular activities:

Describe any job-related training received in the United States Military:

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.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s)	Job Title		
	Supervisor		
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s)	Job Title		
	Supervisor		
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s)	Job Title		
	Supervisor		
Employer:	Dates Employed		Work Performed
Address:	From	To	
Telephone Number(s)	Job Title		
	Supervisor		

If you need additional space, please continue on a separate sheet 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

Typing Speed _____ net wpm

Fax machine _____

Ten-key speed _____ net spm

Copier _____

Spreadsheet _____

List types of software used

Word Processing _____

List types of software used

Data base _____

List types of software used

Other skills & equipment: _____

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.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes

No

References

1. (Name) Phone # (Address)

2. (Name) Phone # (Address)

3. (Name) Phone # (Address)

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Applicant's Statement

APPLICATION RELEASE

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further consideration or, if employed, for dismissal at any time.

I understand that I will be required to provide documentation showing authorization to work in the United States.

I certify that I am not engaged in any activity or business that could be considered in conflict with the City's interest, nor will I become engaged in such activity or business if employed.

I understand that all application materials become the property of the City of Ferndale and will not be returned.

I hereby understand and acknowledge that, unless 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.

I hereby authorize the City of Ferndale or its agents to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information. I authorize all previous employers to furnish the City or its agents with any and all such information as described above that they may have regarding my employment and reason for leaving. I release all parties and persons connected with any such request for information or the furnishing of such information from all claims, liabilities and damages for any reason arising out of the request. If employed, I release the City from any liability for future references the City may provide regarding my work history.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange an Interview Yes No

Remarks: _____

Interviewer _____ Date _____

Employed Yes No Date of Employment _____

Job Title _____ Pay Rate _____ Department _____

By _____ Date _____
Name and Title

NOTES: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Date: _____

Position(s) Applied for is open: Yes No

Position(s) considered for: _____

NOTES: _____

