



TOWN OF SANTEE

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant Name: _____ Date: _____

Position (s) _____

Address: _____

Telephone: _____ Social Security No. _____

Type of employment desired: _____ Full-time _____ Part-time _____ Temporary

Date available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working over-time if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you been convicted of a crime in the last seven (7) years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment)? _____ Yes _____ No

Drivers license number (if driving is an essential job duty) _____ State: _____

How were you referred to us? _____

EMPLOYMENT HISTORY

Please provide all employment information for your last three (3) employers starting with the most recent.

Employer: _____ Position Held: _____

Address: _____ Telephone: _____

Immediate supervisor and title: _____

Dates employed: From _____ to _____ Salary _____

Job summary: _____

Reason for leaving: _____

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Address: _____ Telephone: _____

Immediate supervisor and title: _____

Dates employed: From _____ to _____ Salary _____

Job summary: _____

Reason for leaving: _____

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS

Registration(s): Type _____ State _____ Number _____
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Professional Licenses and Certifications: _____

EDUCATIONAL HISTORY

List school name and location, years completed, course of study, and any degree earned:
High School: _____ Year attended: _____ Diploma? _____
College: _____ Year attended: _____ Degree: _____
Technical Training: _____ Year attended: _____ Degree: _____
Other: _____ Year attended: _____

REFERENCES

List three (3) references -names, telephone number, and years known (do not include relatives or employers):

I hereby authorize (*Company Name*) to obtain and verify the accuracy of the information contained in this application from all previous employers, educational institutions and references. I also hereby release (*Company Name*) from liability 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 of employment. Accordingly, either the employer or I 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.

I understand that it is the policy of (*Company Name*) not to hire or otherwise discriminate against a qualified individual with a disability because that person's need for reasonable accommodations as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant's Signature: _____ **Date:** _____