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. _____
Email Address:_____
Date available to start work_____

Are you able to meet the attendance requirements? ____ No ____ Yes
Do you have any objection to working overtime if necessary? ____ No ____ Yes
Can you travel if required by this position? ____ No ____ Yes
Have you ever been previously employed by our organization? ____ No ____ Yes
Can you submit proof of legal employment authorization and identity? ____ No ____ Yes
If you are under 18, can you provide a work permit if it is required? ____ No ____ Yes
Have you been convicted of a crime in the last seven (7) years? ____ No ____ Yes
If yes, please explain (a conviction will not automatically bar employment)? _____

_____

Driver's 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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PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATIONS

Registration(s):Type _____ State _____ Number _____
Registration(s):Type _____ State _____ Number _____
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 the Town of Santee 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 Town of Santee 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 if 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 the Town of Santee not to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for reasonable accommodation 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: _____