

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address						Apartment/Unit #	
City		State		ZIP			
Phone		E-mail Address					
Position Applied for				Date Available			
Are you authorized to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for the city?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				

EDUCATION

High School						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Graduate/Other						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				

REFERENCES

Full Name			Relationship		
Company			Phone		
Full Name			Relationship		
Company			Phone		
Full Name			Relationship		
Company			Phone		

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

MILITARY SERVICE

Branch	From	To
Rank at Discharge		
Describe any job related training received in the US Military:		

EMPLOYMENT EXPERIENCE

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

LIST ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL, SUCH AS, SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRACURRICULAR ACTIVITIES

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application, as may be necessary in arriving at an employment decision. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I understand, also, I'm required to abide by all rules and regulations of the employer.

Applicant Signature	Date
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We consider application for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status. You are not obligated to disclose expunged juvenile records or adjudication or arrest.

This Organization Participates in E-Verify

Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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