



## APPLICATION FOR EMPLOYMENT

The City of Fisher is "An Equal Opportunity Employer"

We welcome you as an applicant for employment. As an Equal Opportunity Employer it is our policy not to discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, marital status, status with regard to public assistance, or physical and mental disability in regard to any position for which the employee or applicant for employment is qualified. Age is not a factor except for those under 18 years of age. Employment of relatives where an employee/direct supervisory relationship would exist is discouraged.

The City of Fisher employs only United States citizens or aliens lawfully authorized to work in the United States.

(Please Print or Type and Use Ink)

POSITION APPLYING FOR \_\_\_\_\_ DATE \_\_\_\_\_

REFERRAL SOURCE  Advertisement  Employment Agency  Employee Referral  
 Former Employee  Unsolicited  Other

APPLICANT'S NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

May we call you at work?  Yes  No If yes, work phone number & best time to call \_\_\_\_\_

Are you available to work? (check all that apply)  Full-time  Part-time

Are you employed now?  Yes  No Date available to begin work \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you a licensed driver?  Yes  No Please list number and expiration \_\_\_\_\_

Are you legally eligible for employment in this country?  Yes  No

(Proof of US citizenship or immigration status will be required upon employment)

Have you ever been employed here before?  Yes  No If yes, please give date & position \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, please give date(s)

Are you related to anyone currently employed by the City of Fisher? Yes  No  If yes, whom \_\_\_\_\_

Will you work overtime if required?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please explain \_\_\_\_\_  
(Conviction of a crime does not automatically bar you from consideration for employment)

**EDUCATIONAL BACKGROUND:**

Circle highest year completed: 1 2 3 4 5 6 7 8 9 10 11 12    1 2 3 4    Graduate School

SCHOOLS	ADDRESS	DEGREE RECEIVED	MAJOR COURSE OF STUDY
High School			
Business, College, Trade, Correspondence			
Military Training			

**EMPLOYMENT HISTORY:**

List a complete account of your work experience for at least the past 5 years. (Give your present or most recent employment first.) Be complete. Evaluation of experience and training is based on this information.

Indicate each promotional level of employment in a separate block.

Present Place of Employment: _____	From _____ Month/Year
Address: _____ Street                                      City                                      State      Zip Code	To _____ Month/Year
Your Title: _____ Supervisor: _____	Wages _____
Specific Duties: _____	Hours per week _____

Are you eligible for rehiring?     Yes     No    If no, please explain: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

May we contact this employer?     Yes     No    Contact Person: \_\_\_\_\_

If no, why? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Previous Employer: _____	From _____ Month/Year
Address: _____ Street                                      City                                      State      Zip Code	To _____ Month/Year
Your Title: _____ Supervisor: _____	Wages _____
Specific Duties: _____	Hours per week _____

Are you eligible for rehiring?     Yes     No    If no, please explain: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

May we contact this employer?     Yes     No    Contact Person: \_\_\_\_\_

If no, why? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

From \_\_\_\_\_  
Month/Year

Address: \_\_\_\_\_  
Street City State Zip Code

To \_\_\_\_\_  
Month/Year

Your Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Wages \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Hours per week  
\_\_\_\_\_

Are you eligible for rehiring?  Yes  No If no, please explain: \_\_\_\_\_

Reason for seeking other employment: \_\_\_\_\_

May we contact this employer?  Yes  No Contact Person: \_\_\_\_\_

If no, why? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please use back of form if additional space is needed.



For purposes of checking with your present or previous employers, have you worked under a different name?  Yes  No

If yes, what name was used (maiden name, etc.)? \_\_\_\_\_

**VOLUNTEER AND UNPAID WORK EXPERIENCE:**

List below activities which you feel are related to the position for which you are applying.

Kind of Activity	Your Title/Duties	No. Hrs./Month	Dates of Service

**SKILLS AND QUALIFICATIONS:**

Summarize any special skills and/or qualifications that may improve your employment opportunity with the City of Fisher (examples: CPR training, First Aid training, Medication training).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the City of Fisher reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Fisher has the authority to make any assurances to the contrary.

I give the City of Fisher the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Fisher and its representatives for seeking such information and all other person, corporations or organizations for furnishing such information.

This application is current for sixty days. At the conclusion of this time, if I have not heard from the City of Fisher and still wish to be considered for employment, it will be necessary for me to complete a new application.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**Along with the completed application, please submit 2 letters of professional reference for review.**