



City of Dillingham

Employment Application

All applicants are considered for positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For: _____ Date of Application: _____ / _____ / _____

Last Name:	First Name:	Middle Initial:	
Mailing Address:	City:	State:	Zip Code:
Phone Number(s): _____			

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

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you filed an application with us in the last year? Yes No

Have you been employed with us before? Yes No

If yes, give date ____/____/____

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate) 1 2 3 shift)

Part-Time (please indicate) Mornings Afternoons Evenings)

Temporary (please indicate dates available ____/____/____ - ____/____/____)

As an adult have you ever pled "guilty" or "no contest" to, or been convicted of a crime? . . . Yes No

Answering yes to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, nature of the violation, rehabilitation, and position applied for will be taken into account. If yes, please provide date(s) and details:

References

List the name and telephone number of three business or work references we may contact who are not related to you. If not applicable, list three school or personal references who are not related to you.				
Name	Title	Relationship to You	Phone Number	Years Known

Education: Upon hire official transcripts may be required.

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

Employment Experience: Start with your present or last job and include any job-related, military service assignments, and volunteer activities related to this position.

Employer Name and Address	Position Title/Duties & Skills:		Dates Employed From _____ To _____
			Salary: _____
	Supervisor Name:	Telephone:	Reason for leaving:
Employer Name and Address	Position Title/Duties & Skills:		Dates Employed From _____ To _____
			Salary: _____
	Supervisor Name:	Telephone:	Reason for leaving:
Employer Name and Address	Position Title/Duties & Skills:		Dates Employed From _____ To _____
			Salary: _____
	Supervisor Name:	Telephone:	Reason for leaving:

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

List any additional information you would like us to consider: FOR EXAMPLE : professional, trade, business, or civic activities and offices held; military service; or specialized training.

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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

Applicant's Statement: Please read carefully, initial each paragraph, and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. _____Initials

I hereby authorize the City of Dillingham to thoroughly investigate my references, Work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. _____Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative. _____Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. _____Initials

I waive receipt of a copy of any public record described in the paragraph above. _____Initials

Any dispute or claim concerning Employee's employment with the City of Dillingham or the terms, conditions, or benefits of such employment, will be settled by binding arbitration. _____Initials

I have received and reviewed the job description for the position that I am applying. _____Initials

This application for employment shall be considered for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. _____Initials

I also understand that if hired, I am required to abide by all policies and procedures of the employer. _____Initials

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT'S STATEMENT.

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date



Waiver and Authorization to Release Information

I authorize you to furnish the City of Dillingham, its Officers, Department Heads, Human Resource Department, and representatives, with information that you have concerning my employment records and history, including performance evaluations, reprimands, disciplinary actions, character, reputation, educational record, work related medical history, military service records, polygraph examination history, driving record, criminal history, credit rating, if applicable, and other pertinent information for employment purposes.

The information requested will assist in determining my qualifications and fitness for employment with the City of Dillingham. I release you, your organization, the City of Dillingham, its officers, employees and representatives from all liability or damage whatsoever incurred in furnishing such information requested.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Codes, Section 552, and specifically waive those rights, understanding that the information furnished will be used by the City of Dillingham and its departments in conjunction with employment procedures. I will make NO attempt to gain access to the information provided by you in conjunction with this employment process and hereby waive any rights I may have to request disclosure of information provided by you in conjunction with employment procedures.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

May we contact your present employer? YES NO

Name:	Signature:		Date:
Maiden Name:		Alias or AKA:	
Date of Birth:	Social Security Number:		Driver License Number:
Mailing Address:		City:	State: Zip Code:
Phone Number(s):			