



# Application for Employment

## CITY OF HELENA-WEST HELENA

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Position Applied For	Date of Application	
Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Phone Number	Social Security Number	

	PLEASE CHECK			
If you are under 18 years of age, can you provide required proof of eligibility to work?	Y	N		
Have you ever filed an application with us before?	Y	N		
Have you ever been employed with us before?	Y	N		
Are you currently employed?	Y	N		
May we contact your current employer?	Y	N		
Are you prevented from lawfully becoming employed in this country because of a Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Y	N		
On what date would you be available to work?	Y	N		
Are you available to work:	Full Time	Part Time	Shift Work	Temporary
Are you currently on "lay-off" status and subject to recall?	Y	N		
Can you travel if a job requires it?	Y	N		
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	Y	N		
If yes, please explain				

# EDUCATION

Name & Address of School

Course of Study

Years Completed

Degree Diploma

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Elementary School

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High School

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College

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Other

Do you speak a foreign language?

Y

N

*if yes, please indicate which one(s) and how fluently*

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Describe any specialized training, apprenticeships, skills and extra-curricular activities you've participated in

Did you serve in the US Armed Forces?

Y

N

*if yes, in which branch did you serve?* \_\_\_\_\_

Describe any job-related training received in the United States Military

# EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1 \_\_\_\_\_

Employer	Dates Employed	Position
Street Address	City, State, Zip	
Phone number	Hourly rate	
Job Title	Supervisor	
Reason for Leav-		

2 \_\_\_\_\_

Employer	Dates Employed	Position
Street Address	City, State, Zip	
Phone number	Hourly rate	
Job Title	Supervisor	
Reason for Leav-		

3 \_\_\_\_\_

Employer	Dates Employed	Position
Street Address	City, State, Zip	
Phone number	Hourly rate	
Job Title	Supervisor	
Reason for Leav-		

# REFERENCES

1 \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2 \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

3 \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active 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 applicants are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at anytime and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be charged by any written document or by conduct unless such is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview?                      Y              N

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer \_\_\_\_\_ Date \_\_\_\_\_

Employed    Y              N                      Date of Employment \_\_\_\_\_

\_\_\_\_\_  
Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

Employed By \_\_\_\_\_  
Name & Title \_\_\_\_\_ Date \_\_\_\_\_



## CITY OF HELENA-WEST HELENA AUTHORIZATION TO RELEASE INFORMATION

I \_\_\_\_\_ the undersigned,

Hereby authorize the City of Helena-West Helena, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information pertaining to my juvenile or adult criminal record, employment, medical, psychological background, credit history, driving record, military service, and/or education records including, but not limited to, achievement, attendance, personal history, work habits, salary history, character, reputation, disciplinary records, and all other relevant information deemed necessary. I hereby direct you to release such information upon request of the bearer.

I hereby release all persons and individuals, you, and your representatives and employees, and any governmental agency, educational institution, hospital or other repository of juvenile or adult criminal justice records, military records, psychological records, credit bureau, lending institution, consumer reporting agency, or business establishment, including officers, employees, or related personnel, both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and requests to release information, or any attempt to comply with it.

The information hereby obtained is to be used for the purpose of evaluating applicants for employment. This authorization will continue in effect for a period of one (1) year from the date below.

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Signature (Full Name)

Date

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Maiden Name (if different from above)

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Date of Birth (mm/dd/yyyy)

Social Security Number

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Driver's License Number

State Issued

Driver's License Type:      Operator: (D)

Commercial: (A)      (B)      (C)

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Place of Birth (City, State)