



City of Poquoson Employment Application Form

Red Fields Required

Applicant Information

Last Name:		First Name:		Date:
Address:		Email Address:		
		Phone Number:		
Position Applied For:		Date Available:		
Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Hours of Work (per week) Desired:		Desired Salary:
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for this organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Education

High School:	City/State:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
College:	City/State:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:	City/State:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:

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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 ? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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 No

Military Service

Branch: _____ From: _____ To: _____
Are you currently in the Armed Forces? Yes No Rank at Discharge: _____

Please List Three Professional References

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Certification

I certify that my answers are true and complete to the best of my knowledge and that intentional misrepresentations or omissions may be cause for the rejection of my application and that if hired I may be released from employment.

I understand that the company may require me to successfully complete a pre-employment drug and alcohol test as a condition of employment and that continued employment may be based on the successful completion of similar tests.

I understand that the company may as part of the hiring process request an investigative consumer report from a third-party entity or agency including information concerning my character, general reputation, personal characteristics, credit records, and mode of living. I may make a written request to the company to provide me with additional information regarding the nature and scope of any such report.

I understand that employment with your company is "at will" and nothing in the interview or hiring process, this application, or your company policies are intended to create an employment contract between myself and the company.

Employment may be terminated by either party at any time for any reason with or without notice.

By signing below, you acknowledge that you have read and understand the certification above.

Signature: _____

Date: _____