



# 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:	Hours of Work (per week) Desired:	Desired Salary:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
Are you eligible to work in the United States?	Have you ever worked for this organization?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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: \_\_\_\_\_