



Application for Employment

The Board of Public Works is an equal opportunity employer. Applications receive consideration for employment without discrimination because of race, religious creed, color, ancestry, age, sex, handicap, national origin, marital or veteran status. If selected for employment, a prospective employee must provide satisfactory references for the Company and meet our medical qualifications. All information is treated confidentially.

Please Type or Print in Ink and Sign on Page Three

PERSONAL DATA	Name	First	Middle	Last	Date of Application	
	Present Address (No. and Street)	City		State	Zip	Length of Residence
	Previous Address (No. and Street)	City		State	Zip	Length of Residence
	Have you worked or attended school under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No (Name)	Social Security Number		Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Message	
GENERAL INFORMATION	In case of an emergency call (Name)	Address (No. and Street)		City	Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Message
	For what position are you applying? _____ (Note: Please be specific and list one position, "Any" is not acceptable.)					Expected earnings _____
	Date Available _____					Present earnings _____ (Incl. Bonuses, Overtime, Etc.)
	Have you ever filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No					Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH DATA	If Yes, give date _____					If Yes, give date _____
	What Prompted your application? <input type="checkbox"/> Own Accord <input type="checkbox"/> Employment Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other					
	Who referred you to us for employment? _____					
	Name of friends or relatives employed here: _____					
Citizenship: Do you have a legal right to remain permanently and work in the United States? (Proof of Citizenship or permanent resident alien status will be required after employment.)						<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any condition or handicap which may limit your ability to perform the job applied for? If, yes, what can be done to accommodate your limitation? (Any information provided will be kept confidential except in certain circumstances such as when supervisors may be informed regarding work restrictions or necessary accommodations and medical and safety department personnel if the condition might require emergency treatment.)						

U.S. MILITARY RECORD		
	Branch of Service	Description of duties performed
	Rank	Present membership in National Guard or Reserves
	Service Schools	Type of course

Employment History

List positions for which you received wages.
List in reverse chronological order starting with present or most recent. (Use separate sheet if necessary)

Position Title	Dates and Salary		Company Name, Address and Telephone Number	Name and Title of Immediate Supervisor	Reason for Leaving
	From	To			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			
	\$ /mo	\$ /mo			

Indicate those employers above you **do not** wish us to contact _____

Education

Schools	School Name and Location	Dates (Mo. & Yr.)		GPA	Graduated Yes / No	Degrees Received	Areas of Specialization (Majors & Minors)
		From	To				
High School							
College or University							
Graduate School							
Business or Trade Schools							
Corresp. or Night School							

Do you plan to continue your schooling while working? ☐ Yes ☐ No
If yes, explain _____

Special Training or Qualifications

Office Machines Operated: _____

Typing Speed _____ wpm
 Shorthand Speed _____ wpm

If word processing experience, what type of equipment: _____

Factory, shop or building maintenance machines operated: _____

Any other specific skills or qualifications: _____

Special Activities

Please list organizations, clubs, professional societies, or other associations to which you belong. You may omit those which indicate your race, religious creed, color, national origin, ancestry, sex or age.

Organization		Active Participation		Special Duties or Offices Held
Type	Name	From	To	

Character References

Character References (Do not give relatives or former employers)	Address (Where person may be contacted - preferably during the day)	Telephone Number

Additional Comments

Please give any additional employment related information which describes your interests and qualifications.

I authorize all persons, schools, companies, corporations and government agencies to supply any information to the Board of Public Works concerning my background and release them from all liability arising from providing that information.

I understand and agree that my employment is for no definite period and may be terminated at any time without any previous notice. I further understand no promise or guarantee of employment is valid unless made in writing by the Board of Public Works. I understand that misrepresentation or omission of facts called for is cause for dismissal. In addition, I understand any offer of employment made to me is contingent upon a satisfactory driver's license background check and my passing a pre-employment physical, which will include a drug test. I understand any offer of employment is contingent upon compliance with the Immigration Reform and Control Act of 1986 which requires evidence of U.S. citizenship or U.S. resident status and a birth certificate or other evidence of date of birth as stipulated by the Immigration and Naturalization Service.

I understand this application becomes inactive after 6 months unless renewed personally or in writing.

(Signature of Applicant)

Date

All applicants will be considered without regard to race, color, religion, age, sex, national origin, veteran status or handicap.