City of Eaton Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative in the Human Resources Department.

Name	Social Security #
NameLast First	Middle
Address Street	City State Zip Code
Telephone #() Mobile/Other #()	Email Address
Position(s) applied for	
Referral Source (Please check the appropriate category and name the source of the sour	
[] Employee	[] Job Fair
[] Advertisement	[] Staffing Agency
[] Company's Website	[] Govt. Employment Agency
[] Other Internet	[] Other
If necessary, best time to call you at home is [] AM [] PM	Will you work overtime if required? [] Yes [] No
May we contact you at work? [] Yes [] No If yes , work number and best time to call:	If no , please explain
(Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether
Have you submitted an application here before? [] Yes [] No If yes, give date(s) and position(s):	 -accommodation is necessary. These issues may be addressed at a later date to the extent permitted by law. [] Yes [] No [] Need more information about the job's "essential functions" to respond
	Driver's license number required if driving may be required in the –job for which you are applying: State
Are you legally eligible for employment in this country? [] Yes [] No	
Date available for work	Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense seriousness and nature of the violation, rehabilitation and position
\$ per	applied for will be taken into account. Have you ever pleaded "guilty" or "no contest" to,
Type of employment desired: [] Full-Time [] Part-Time	or been convicted of a crime? [] Yes [] No
[] Educational Co-Op [] Seasonal [] Temporary	If yes , please provide date(s) and details:
Will you relocate if job requires it? [] Yes [] No	Have you entered into an agreement with any former employer or
Will you travel if job requires it? [] Yes [] No	other party (such as a non—competition agreement) that might in
If they have been explained to you, are you able to meet the attendance requirements of the position? $[\]\ N/A$ $[\]\ Yes$ $[\]\ No$	

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information.

Employer T	Telephone #	Month Year Month Year		
	()	Dates employed: / /		
Street Address City State		Compensation (starting) [] Hourly [] Salary \$ per		
Starting job title/final job title		Commission/Bonus/Other Compensation \$		
Immediate supervisor and title (for most recent position held)		Compensation (final) [] Hourly [] Salary \$ per		
Why did you leave?		Commission/Bonus/Other Compensation \$		
Summarize the type of work performed and job responsibilities.				
What did you like the most about your position?				
What were the things you liked least about the position?				
Employer T	Felephone #	Month Year Month Year Dates employed: / / / /		
Street Address City State		Compensation (starting) [] Hourly [] Salary \$ per		
Starting job title/final job title		Commission/Bonus/Other Compensation \$		
Immediate supervisor and title (for most recent position held)		Compensation (final) [] Hourly [] Salary \$ per		
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Immediate supervisor and title (for most recent position held)		Compensation (final) [] Hourly [] Salary \$ per		
Why did you leave?		Commission/Bonus/Other Compensation \$		
Summarize the type of work performed and job responsibilities.				
What did you like the most about your position?				
What were the things you liked least about the position?				

The taddressed on previous page, have you ever been fired or asked to resign from a job? If yes, please explain: Skills Ski	EMPLOYMENT HISTORY Explain any gaps in your emplo		due to personal ill	ness, injury or disability			
If yes, please explain: KILLS AND QUALIFICATIONS							
ummarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are oplying: omputer Skills (check appropriate boxes, include software titles and years of experience.)] Word Processing					Yes []	No	
Word Processing	Summarize any special training	g, skills, licenses and/or c		y assist you in performing	the position	for which you are	
Spreadsheet Years: Other Years: Presentation Years: Other Years: Other Years: Other Years: Other Years Other O	Word Processing	Years:			Years	s:	
Presentation Years: Other Years Email Years: Other Years DUCATIONAL BACKGROUND tarting with your most recent school attended, provide the following information. School	Spreadsheet	Years:	[] Other_		Years	S:	
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REFERENCES

List name and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are related to you.

	Relationship		Number of
Title	to You	Telephone	Years Known
	Title	Title Relationship to You	Relationship to You Telephone

RELATED INFORMATION

Signature of Applicant

To what job-related organization (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status. Organization Offices Held List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status. In your current or a prior job have you ever written instructions or directions to be followed by employees or customers? [] Yes [] No [] Not applicable If **yes**, please explain: Is there any other job-related information you want us to know about you? APPLICANT STATEMENT I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law. 1 understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an 1-9 Form in this regard. This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT. I certify that I have read, full understand and accept all terms of the foregoing Applicant Statement.

Date

Affirmative Action

Voluntary Information

Completion of information below is voluntary.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/National Guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print Position(s) applied for	Date
REFERRAL SOURCE: [] Walk-in [] Government Employment Agency	[] Private Employment Agency
[] Employee [] Relative	[] School
[] Advertisement – Source	[] Other
Name of person who referred you, if applicable	
APPLICANT INFORMATION:	
NameLast First M	Telephone #
Address Street	City State Zip Code
[] Male [] Female	City State Zip Code
Please check one of the following Equal Employment Opportunity	y Identification Groups:
[] American Indian / Alaskan Native [] Hispanic / Latino (V	White race only) [] White [] Black / African American
[] Native Hawaiian / Other Pacific Islander [] Hispanic / Latino (a	all other races) [] Asian
FOR ADMINISTRATIVE USE ONLY Position(s) applied for [] Available [] Not Available [Other positions considered for	
Hired [] Yes [] No Position hired for	Date of hire
From the EEO job classifications listed below, which one best describe [] Officials and Manager [] Sales Workers [] Professionals [] Office and Clerical Workers [] Technicians [] Craft Workers (skilled)	[] Operatives (semi-skilled)
Notes	
Completed by	Date