



CITY OF FERNDALE APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For			Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other:			
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Mailing Address: (if different)			
Telephone Number(s)		Social Security Number	

Are you at least 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you previously filed an application with the City of Ferndale?: Yes No

If Yes, give date: _____

Have you previously been employed with the City of Ferndale?: Yes No

If Yes, give date: _____

Are you currently employed: Yes No

May we contact your present employer Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? **Proof of citizenship or immigration status will be required upon employment** Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-Off" status and subject to recall: Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeships, skills and extra-curricular activities:

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

Employment Experience

Start with your present or last 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.

Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Employer:		Dates Employed		Work Performed
Address:		From	To	
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Empty rectangular box at the top of the page.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills / Equipment Operated

Typing Speed _____ net wpm

Fax machine _____

Ten-key speed _____ net spm

Copier _____

Spreadsheet _____
List types of software used

Word Processing _____
List types of software used

Data base _____
List types of software used

Other skills & equipment: _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ Yes _____ No

References

1. _____
(Name) _____ Phone # _____

	(Address)	
2.	(Name)	Phone #
	(Address)	
3.	(Name)	Phone #
	(Address)	

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 applications 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 any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change 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 an Interview Yes No

Remarks: _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Pay Rate _____ Department _____

By _____ Date _____
Name and Title

NOTES: _____

