

CITY OF AMITY
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE

NAME

LAST

FIRST

MIDDLE

SSN

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER?

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THE CITY OF AMITY BEFORE?

WHERE?

WHEN?

REFERRED BY:

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE ?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: [CIVIC, ATHLETIC, ETC.]

EXCLUDE ORGANIZATIONS THE NAME OF WHICH INDICATES THE RACE, SEX, AGE, MARITAL STATUS, COLOR, OR NATION OF ORIGIN OF ITS MEMBERS

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

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REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR			
NAME	ADDRESS or Phone Number	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS (FILL IN NAME OF STATE)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

SIGNATURE OF APPLICANT _____

IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS	PHONE NO.
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*I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE, OTHER THAN IT'S COUNCIL, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE COUNCIL, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE	SIGNATURE
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DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY	DATE
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REMARKS _____

NEATNESS	ABILITY
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HIRED	POSITION	DEPT
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SALARY/WAGE	DATE REPORTING TO WORK
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APPROVED:	1	2	3
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OTHER COMMENTS: _____