

GLOUCESTER CITY

Employment Application

_____Date

Applicant Information:

Name (Last, First, Middle) _____

Address: _____

City: _____

Phone (Work): () _____ (Home) () _____

Social Security Number: _____

Position applied for: _____

Have you ever applied to Gloucester City before: ____ Yes ____ No If yes, please give date _____

Date you can start: _____ Salary Desired: _____

Are you available to work: ____ Full time ____ Part time ____ Shift Work ____ Temporary

Are you currently employed: ____ Yes ____ No May we contact you at work: ____ Yes ____ No

May we contact your current employer: ____ Yes ____ No

Are you currently on layoff status and subject to recall: ____ Yes ____ No

Do you possess a current driver's license: ____ Yes ____ No

Do you possess a commercial driver's license ____ Yes ____ No

Please list any endorsements: _____

If you are under eighteen years of age, can you provide proof of eligibility to work: ____ Yes ____ No

Are you legally eligible to work in the United State of America: ____ Yes ____ No

Pursuant to Federal Law, proof of US Citizenship or Immigration status will be required if you are hired.

Employment is conditional upon the results of the criminal background check.

Gloucester City is an Equal Opportunity Employer M/F

over

Employment History: This section must be completed even if you attach a resume. List your last four employers, major assignments within the same employer. Begin with the most recent, include any military service. Explain any gaps in employment in the space on this form marked comments located on the bottom of this page.

| | | | |
|--|------------------|------------|-------------------------------------|
| Employer: | Date started: | Date left: | Work performed/ responsibilities |
| Address: | Starting Salary: | | |
| Job Title: | Final Salary: | | |
| Reason for leaving: | | | |
| Supervisor's name and phone number: | | | |
| May we contact for a reference: Yes No | | | |
| Employer: | Date started: | Date left: | Work performed/ responsibilities |
| Address: | Starting Salary: | | |
| Job Title: | Final Salary: | | |
| Reason for leaving: | | | |
| Supervisor's name and phone number: | | | |
| May we contact for a reference: Yes No | | | |
| Employer: | Date started: | Date left: | Work performed/ responsibilities |
| Address: | Starting Salary: | | |
| Job Title: | Final Salary: | | |
| Reason for leaving: | | | |
| Supervisor's name and phone number: | | | |
| May we contact for a reference: Yes No | | | |
| Employer: | Date started: | Date left: | Work performed/ responsibilities |
| Address: | Starting Salary: | | |
| Job Title: | Final Salary: | | |
| Reason for leaving: | | | |
| Supervisor's name and phone number: | | | |
| May we contact for a reference: Yes No | | | |
| Employer: | Date started: | Date left: | Work performed/ responsibilities |
| Address: | Starting Salary: | | |
| Job Title: | Final Salary: | | |
| Reason for leaving: | | | |
| Supervisor's name and phone number: | | | |
| May we contact for a reference: Yes NO | | | |

Comments:

Education: Provide information on your formal schooling and education. Include elementary, secondary, and post-secondary education, if any. Include any formal vocational or professional education. For high school and post-secondary education, indicate any major or specialty, such as Academic, Business, or Trade.

| School | Years completed (Circle) | Graduated (Circle) | Major Field |
|----------|-----------------------------|-----------------------|-------------|
| High: | 1 2 3 4 | Yes No | |
| College: | 1 2 3 4 | Yes No | |
| Other: | 1 2 3 4 | Yes No | |

Languages: List any foreign language you know and indicate your level of proficiency.

| Language | Speak Some: | Speak Fluently: | Read: | Write: |
|----------|-------------|-----------------|-------|--------|
| | | | | |
| | | | | |
| | | | | |

Special Skills & Experience: State any special skills, experience, training, licenses, certifications or other factors that make you especially qualified for the position for which you are applying:

Comments & Additional Information: Is there any additional information about you we should consider?

References: Provide the names, addresses and phone numbers of three people whom we may contact as a reference. They should not be relatives or former supervisors.

| Name & Address: | Phone Number: | Years Known: |
|-----------------|---------------|--------------|
| | | |
| | | |
| | | |

Understandings and Agreements:

As an applicant for a position with the City of Gloucester, I understand and agree that I must provide truthful and accurate information in this application. I understand that my application may be rejected if any information is not complete, true and accurate. If hired, I understand that I may be separated from employment if the City of Gloucester later discovers that information on this form was incomplete, untrue, or inaccurate. I give the City of Gloucester the right to investigate the information I have provided, talk with former employers (except where I have indicated they may not be contacted). I give the City of Gloucester the right to secure additional job-related information about me. I release the City of Gloucester and its representatives from all liability for seeking such information. I understand that the City of Gloucester is an equal-opportunity employer and does not discriminate in its hiring practices. I understand that the City of Gloucester will make reasonable accommodations as required by the Americans with Disabilities Act. I understand that, if employed, I may resign at any time and that the City of Gloucester may terminate me at any time in accordance with its established policies and procedures. No representatives of the City of Gloucester may make any assurances to the contrary. I understand that any offer of employment may be subject to job-related medical, physical, drug, or psychological tests. I also understand that some positions may involve complete background and criminal checks. *For your application to be considered, you must sign and date below.*

Applicant's Signature_____ Date_____

Voluntary Affirmative Action Information

You are not required to provide this information. Provide only if you wish.

If you provide information on this page, it will be filed separated from the job application. This information will be used only for purposes of the affirmative action program

Applicant Information:

Name: _____
Address: _____
City/town: _____
Phone: () _____

Position Applied For: _____

How did you learn about this position? _____Advertisement _____Employment Agency _____Friend
_____Relative _____Walk-in _____Other (Explain) _____

Information Regarding Status:

Gender:

_____Male
_____Female

Equal Employment Opportunity identification groups:

_____White
_____African-American (non-Hispanic)
_____Hispanic
_____American Indian/Alaskan native
_____Asian/Pacific Islander
_____Other _____

Other protected Groups:

_____Individual with a disability
_____Vietnam-era veteran (served between 1964 and 1975)
_____Disabled veteran

For Gloucester City use only

Hired: _____Yes _____No Position _____ Date _____

Which EEO job classification best describes the position for which the applicant applied?

- | | | |
|---------------------------|--------------------------------|-----------------------------|
| 1. Officials and Managers | 4. Sales workers | 7. Operators (semi-skilled) |
| 2. Professionals | 5. Office and clerical workers | 8. Laborers |
| 3. Technicians | 6. Craft workers (skilled) | 9. Service workers |

Gloucester City Official _____ Date _____