

# CITY OF ROGERS CITY



## APPLICATION FOR TEMPORARY 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	
Last Name		First Name		Middle Name			
Address	Number	Street	City	State	Zip Code		
Telephone Number(s)						Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Have you ever filed an application with us before?

If Yes, give date.

Have you ever been employed with us before?

If Yes, give date.

Are you currently employed?

May we contact your present employer?

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.*

On what date would you be available for work?

Are you available to work:

Are you currently on "lay-off" status and subject to recall?

Can you travel if a job requires it?

Have you been convicted of a felony within the last 7 years? *conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain

		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
		Yes	No
Full	Part	Shift	Temp.
		Yes	No
		Yes	No
		Yes	No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

DATES AVAILABLE TO WORK: FROM \_\_\_\_\_ TO \_\_\_\_\_

# 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.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		Reason for Leaving
	Telephone Number(s)	Starting	Final	
	Job Title			
Supervisor				
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		Reason for Leaving
	Telephone Number(s)	Starting	Final	
	Job Title			
Supervisor				
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		Reason for Leaving
	Telephone Number(s)	Starting	Final	
	Job Title			
Supervisor				
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address	Hourly Rate/Salary		Reason for Leaving
	Telephone Number(s)	Starting	Final	
	Job Title			
Supervisor				

# Education

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

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.


Describe any job-related training received in the United States military.


# Additional Information

**Other Qualifications:** Summarize special job-related skills and qualifications acquired from employment or other experience.


## Specialized Skills

## Check Skills/Equipment Operated

CRT	PC	Fax	Lotus 1-2-3	Windows
Wordperfect	Calculator	PBX System	Typewriter	IBM Mainframe
Production/Mobile Machinery (list):				
Other (list):				

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 for which you have applied?

Yes  No

## References

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

# Applicant's Statement

---

I certify that the answers given herein are true and completed 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 60 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