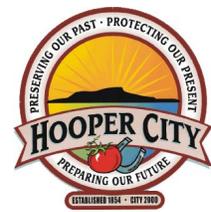


# HOOPER CITY

Employment Application - An Equal Opportunity Employer

Received: \_\_\_\_\_



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

## APPLICANT INFORMATION (PLEASE PRINT)

Position applied for:

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Date Available				Desired Salary	
Best Time to Contact you is:	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Phone Number		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
If you are under 18 years of age, can you provide required proof of your eligibility to work?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for Hooper City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have friends or relatives that work for Hooper City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?		
Relationship:	Department & Position:				
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where?		

Are you available to work:  Full Time  Part Time  Temporary

Date available to start work:

Are you currently on "lay-off" status and subject to recall? YES  NO

Are you currently receiving retirement benefits from URS? YES  NO

## EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

## SPECIAL TRAINING/SKILLS /QUALIFICATIONS

List professional trade, business or civic activities and offices held.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities for the job you have applied for? A review of the activities involved in such a job or occupation has been given? YES  NO

**PREVIOUS EMPLOYMENT** *start with most recent job – include job related military assignments or volunteer activities.*

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?    YES     NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?    YES     NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference?    YES     NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**REFERENCES** *Please list three professional references. Do not include family member or past supervisors.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**DISCLAIMER AND SIGNATURE**

I certify that my answers 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. 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 "which includes taking and passing a pre-employment drug/alcohol screening test.

Signature

Date