



# Application for Employment

An Equal Opportunity Employer

The City of Easton offers equal employment opportunity to all persons without regard to race, color, age, religion, sex, national origin, ancestry, disability, or any other category protected by federal, state or local law. No question on this application is intended to secure information to be used for discriminatory purposes. NOTE: This application for employment will not be considered unless fully completed. This application will become part of your personnel file should you become employed by the City of Easton.

**PLEASE TYPE OR PRINT CLEARLY IN PERMANENT INK AND COMPLETE ALL FIELDS.  
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

## PERSONAL INFORMATION:

Date:				Social Security Number:		
Name:						
	(First)	(Middle)	(Last)			
Present Address (street, city, state, zip)					How long at this address?	
Former Address (if at current address less than one year):					How long at this address?	
Phone Number		( )	Alt. Phone Number		E-mail Address	

## REFERRAL SOURCE:

- Internet Advertisement  
 Company website  
 Walk-In  
 Newspaper – specify: \_\_\_\_\_  
 Gov't Agency  
 Employee Referral – list name: \_\_\_\_\_  
 Search Firm – list name \_\_\_\_\_  
 Other: - specify: \_\_\_\_\_

## EMPLOYMENT PREFERENCES:

Position for which you are applying: \_\_\_\_\_

Type of employment desired:  Full-Time  
 Part-Time  
 Summer  
 Educational Intern

Shift Availability:  First  
 Second  
 Third  
 Other (please specify): \_\_\_\_\_

Date available to begin work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Wage Desired: \$ \_\_\_\_\_  
 Hour  
 Year  
Month / Day / Year

Have you ever applied to City of Easton for employment?  
 Yes  
 No  
 If yes, please specify date(s): \_\_\_\_\_

Have you ever been employed by City of Easton?

Yes  
 No  
 If yes, please specify date(s): \_\_\_\_\_

Do you have any relatives presently employed by City of Easton?  
 Yes  
 No  
 If yes, who and what bureau? \_\_\_\_\_

If you are under 18, can you furnish a work permit?  Yes  
 No

If currently employed, may we contact you at your workplace?  Yes  
 No  
 Phone: ( ) \_\_\_\_\_

Are you on a lay-off and subject to recall?  Yes  
 No

**CRIMINAL CONVICTIONS:**

NO APPLICANT WILL BE DENIED EMPLOYMENT SOLELY ON THE GROUNDS OF A CONVICTION; HOWEVER, THE NATURE, DATE, SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE TO THE POSITION APPLIED FOR MAY BE CONSIDERED.

**NOTE:**

Have you ever been convicted of or pled guilty to a crime, other than a misdemeanor or juvenile offense which has not been expunged, annulled, sealed, pardoned or statutorily eradicated by a Court?

Yes       No

**EMPLOYMENT ELIGIBILITY**

1. Are you presently legally authorized to work in the United States on a full-time basis?  Yes     No  
(Proof of your right to work in the United States will be required if an offer of employment is made.)
2. Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?  Yes     No

**EDUCATION:**

List all, whether or not a degree was obtained:

School	Name of School	Location - City & State	GPA	Did you Graduate?	Degree Achieved	Major
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		

**REFERENCES:**      Provide 2 professional and 1 personal reference.

(Full name)	(Current Employer & Title)	(Years known)
(Address)		(Phone)
(Full name)	(Current Employer & Title)	(Years known)
(Address)		(Phone)
(Full name)	(Current Employer & Title)	(Years known)
(Address)		(Phone)

## WORK EXPERIENCE

Please list your work experience for the last 10 years, beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

(Name of Employer)		From (Mo. /Yr.):	To (Mo. /Yr.):
(Street Address)	Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intern		
(City, State, Zip)	Reason(s) for Leaving:		
(Name and Title of Supervisor)	<input type="checkbox"/> Hour <input type="checkbox"/> Year		
(Telephone Number of Supervisor)	Base Pay (Starting):		
Your Job Title/Duties:	<input type="checkbox"/> Hour <input type="checkbox"/> Year		
	Base Pay (Ending):		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

(Name of Employer)		From (Mo. /Yr.):	To (Mo. /Yr.):
(Street Address)	Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intern		
(City, State, Zip)	Reason(s) for Leaving:		
(Name and Title of Supervisor)	<input type="checkbox"/> Hour <input type="checkbox"/> Year		
(Telephone Number of Supervisor)	Base Pay (Starting):		
Your Job Title/Duties:	<input type="checkbox"/> Hour <input type="checkbox"/> Year		
	Base Pay (Ending):		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

(Name of Employer)		From (Mo. /Yr.):	To (Mo. /Yr.):
(Street Address)	Employment Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Intern		
(City, State, Zip)	Reason(s) for Leaving:		
(Name and Title of Supervisor)	<input type="checkbox"/> Hour <input type="checkbox"/> Year		
(Telephone Number of Supervisor)	Base Pay (Starting):		
Your Job Title/Duties:	<input type="checkbox"/> Hour <input type="checkbox"/> Year		
	Base Pay (Ending):		
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

## DRIVER'S LICENSE

Do you have a driver's license?  Yes  No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?

How many? \_\_\_\_\_

Yes  No

Have you had any moving violations during the past three years

How many? \_\_\_\_\_

Yes  No

## APPLICANT CERTIFICATION:

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY: THEY CONSTITUTE THE CONDITIONS UNDER WHICH YOU MIGHT BE EMPLOYED WITH THE CITY OF EASTON.**

I understand that consideration for employment is contingent upon the results of a reference and background check. I therefore authorize the City of Easton and/or its designated agent to investigate all statements made on my application for employment and to obtain additional information related to my background. I further authorize the City of Easton and its designated agent to contact my current and former employer(s), listed references, and any individuals and organizations, including credit bureaus and law enforcement agencies, who can verify information provided on this application. I give my consent to any current or former employer(s), references, and individuals and organizations to respond to questions pertaining to information on this application and I release from liability such current or former employer(s), references, and individuals and organizations contacted by and providing information to the City of Easton or its designated agent.

**(Please initial here)**

I understand that the City of Easton has a commitment to maintaining an alcohol/drug-free workplace and that, as permitted by law, the City of Easton requires a company-paid drug and alcohol screening test as a part of its selection and hiring process. I consent to such testing and I understand that I will be disqualified from consideration for employment and any offer of employment will be withdrawn if I receive a confirmed, positive test result. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. I have read, understand, and agree to the statement above.

**(Please initial here)**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment examination.

**(Please initial here)**

I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment. I understand that if I am hired, my employment will be at will and for no definite period. I further understand that I have the right to terminate my employment at any time for any reason or for no reason with or without notice, and that the City of Easton has the same right. In addition, I understand that no one other than the City Administrator of the City of Easton has the authority to modify this at will employment relationship or to make any agreement to the contrary and that any such modifications or agreement must be in writing and signed by the City Administrator or a designated, authorized representative.

**(Please initial here)**

I certify that the information I have provided to the City of Easton on this application is correct to the best of my knowledge and I understand that any falsifications, misrepresentations, and/or omissions may result in my disqualification for consideration of employment or, if subsequently employed, my dismissal.

**(Please initial here)**

I understand that the City of Easton is an equal opportunity employer. I further understand that the City of Easton does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law.

**(Please initial here)**

If employed, I agree to receive, read and comply with the City of Easton's Acceptable Conduct / Work Rules Policy.

**(Please initial here)**

I have read, understand and agree to the above statements and conditions of employment.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date

# REQUEST FOR VOLUNTARY SELF IDENTIFICATION

NAME: \_\_\_\_\_ TITLE OF POSITION DESIRED: \_\_\_\_\_

We are gathering the following information not for employment decisions but for recordkeeping in compliance with Federal regulations. This information will be kept separate from your Employment Application. Your responses are **strictly voluntary** and will help developing and monitoring our Affirmative Action Program.

If you choose not to answer any of these questions, you will not be subject to adverse treatment. If you choose not to "self-identify," however, we are required under Federal regulations to maintain, race, sex and handicap information on the basis of visual observation or personal knowledge.

The information you submit will be kept confidential.

**This information is being requested on a voluntary basis and refusal to provide it will not subject you to any adverse treatment.** Further, the information will not be used in a manner inconsistent with the Vietnam Era Veteran's Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973, as amended.

If you do not wish to furnish this information, please initial and date here:

\_\_\_\_\_ Initial

\_\_\_\_\_ Date

Gender:  Male  Female

What is your race/ethnicity? (you may mark **only one** box)

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- White (Not Hispanic or Latino):** a person having origin in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- Asian (Not Hispanic or Latino):** person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam
- American Indian or Alaskan Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
- Two or more Races:** all persons who identify with more than one of the above five races

Check all of the following that are applicable:

- Vietnam-Era Veteran:** Are you a veteran of the Vietnam Era? This means any individual who served on active duty more than 180 days between August 5, 1964 and May 7, 1975, and who was separated from military service with other than a dishonorable discharge; the active duty must have occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or, for those who did not serve in the Republic of Vietnam, between August 5, 1964 and May 7, 1975.
- Special Disabled Veteran:** Are you a special disabled veteran? This means any veteran who is entitled to compensation for a disability (1) with a disability rating of 30 percent or higher; or (2) with a 10 or 20 percent rating if the disability has been classified as a serious employment handicap; or (3) discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- Other Protected Veteran:** This is a veteran who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, other than Special Disabled Veterans or Vietnam-Era Veterans.
- Recently Separated Veteran:** This means a veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning in the date of such veteran's discharge or release from active duty.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_