

City of Ashville Employment Application

www.cityofashville.org

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion, and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Position(s) Applied for	Dat	Date of Application			
Name					
Last	First	Middle			
Address					
City	State	Zip			
Phone Number	Cell				
Email					
How did you hear about us?					
1. GENERAL INFORMATION					
Are you able to perform the essential without reasonable accommodation?	•	which you are applying with or			
If you are under 18 years of age, can	you provide required proof of you	ır eligibility? 🛛 Yes 🗆 No			
Have you applied with us before?] Yes 🗆 No 🛛 If yes, give dat	e:			
Do you have friends or relatives curr Name(s)	ently employed with the City of A				
Are you legally eligible for employme be provided of eligibility and must comply with	0 00				
Date available to work://	Desired pay	range:			
	Shifts available to work:				
	Full Time Shift 1 2 3	• • • •			
Part Tin Temporary	ne Mornings Afternoons Eve Dates available:// to	8			
Are you available to travel if the job					

2. EDUCATION Circle highest level- Grade 1 2 3 4 5 6 7 8 9 10 11 12 or GED College 1 2 3 4 MA PhD

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)
High School:		
College or University:		
Other College or University (Technical, Vocational, Graduate, etc.):		
Scholarships, academic honors, awards, or special achievements:		

3. SPECIAL SKILLS & QUALIFICATIONS

Summarize any special job-related skills, military training, licenses, certifications, and qualifications:

4. REFERENCES

List three business references. *Do not include relatives.

Name	Address	Phone Number

5. EMPLOYMENT HISTORY

Starting with your PRESENT or MOST RECENT employer, list in consecutive order the last four employers.

Employer				
Address	Phone No.			
Job Title	Supervisor			
Dates Employed (Month/Year)	Salary/ Hourly Rate			
From: / To: /	Beginning End			
Reason for Leaving	May we contact employer			
Job Duties:				
Employer				
Address	Phone No.			
Job Title	Supervisor			

Dates Employed (Month/Year) Salary/ H			Salary/ Ho	Iourly Rate		
From:	/	To:	/	Beginni	ng Eı	nd
Reason for Leavin	ng				May we contact employer	🗆 Yes 🗆 No
Job Duties:						

Employer					
Address		Phone No.			
Job Title	`itle Supervisor				
Dates Employed (Mo	onth/Year) Salary/ Hourly Rate				
From:	To:				ıd
Reason for Leaving				May we contact employer	□ Yes □ No
Job Duties:					

Employer					
Address	Phone No.				
Job Title	bb Title Supervisor				
Dates Employed (Month/Year)	Salary/ Hourly Rate				
From: / To: /	Beginning End				
Reason for Leaving	May we contact employer				
Job Duties:					

6. APPLICANT'S STATEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge.

I authorize a background investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize persons, schools, current and former employers, and other organizations and agencies to provide the City with all information that may be requested. I hereby release the City, persons, and agencies providing and retaining such information from any and all claims and damages connected with their release of any requested information.

I 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 City of Ashville 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 authorized personnel of the City.

I understand that depending upon the position for which I am applying, I may be required to submit to and pass a drug test as a condition precedent of employment. If required by the City, I hereby consent to the drug test at a facility of the City's selection and consent to and authorize the testing facility and the applicable employees / agents thereof to provide the results of said test to the City.

Signature o	f Applicant	_	Date
OFFICE USE ONLY			
Arrange Interview Ves Notes	□ No		
Interviewer		Date	
Employed 🗆 Yes 🛛 No	Date of Employment/	/	
Job Title	Pay Rate	Department	
Authorized by		Date	