

# Mt. Pleasant City Application For 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			
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name	First Name	Middle Name		
Address	Street	City	State	Zip
Telephone Number(s)				

- If you are under the age of 18, can you provide required proof of your eligibility to work?  Yes  No
- Have you ever filed an application with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_
- Have you ever been employed with us before?  Yes  No  
 If Yes, give date \_\_\_\_\_
- Are you currently employed?  Yes  No
- May we contact your present employer?  Yes  No
- Are you lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
 (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:                       Full Time     Part Time     Shift Work     Temporary
- Are you currently on "lay off" status and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No
- Have you been convicted of a felony within the last 7 years?  Yes  No  
 (Conviction will not necessarily disqualify an applicant from employment)
- If Yes, please explain

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WE ARE AN EQUAL OPPORTUNITY EMPLOYER



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

**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				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

2.

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

3.

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

4.

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

If you need additional space, please continue on a separate sheet of paper.

<p>List Professional, trade, business or civic activities and offices held.          You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</p> <hr/> <hr/> <hr/>
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Additional Information:

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

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Please List Specialized Skills/Equipment Operated: (ie. Computer, computer programs, etc.)

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State any additional information you feel may be helpful to us in considering your application.

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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 or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes       No

References: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

4. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) Phone #

Applicant's Statement:

I certify that answers given herein 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.

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

FOR MT. PLEASANT CITY USE ONLY

Arrange Interview  Yes  No

Remarks

\_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_

By \_\_\_\_\_  
Name & Title Date

Position(s) Applied For is Open  Yes  No

Position(s) Considered For:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Notes: