

City of Clearwater Application for Employment

DATE OF APPLICATION _____

GENERAL INFORMATION

Last Name	First Name	Middle Initial	Home Phone () -
Address	City	State	Zip
E-Mail Address		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION INFORMATION

Position Desired:	Employment Desired: <input type="checkbox"/> Part-Time/Temporary <input type="checkbox"/> Full-Time	Salary Desired: Date Available:
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WORK EXPERIENCE (Most Recent First)

Employer #1	Phone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Supervisor	Last Salary
Job Duties		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

Employer #2	Phone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Supervisor	Last Salary
Job Duties		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

Employer #3	Phone Number () -	From (Month/Year)
Address		To (Month/Year)
Job Title	Supervisor	Last Salary
Job Duties		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving		

EDUCATION AND TRAINING

Level	Name and Location of School	Degree Earned	Major
High School/GED			
College			
Vocational/Business			
Military Service	Branch	Date of Entry	Date and Type of Discharge
Specialized training, course work, licenses, or certifications received which you feel better qualify you for the position for which you are applying. Include all pertinent skills and equipment that you can operate.			

REQUIRED QUESTION

Have you ever been convicted of a felony Yes No (If yes, please provide date (s) and details)
 Information regarding conviction record will not necessarily bar an applicant from employment; individual circumstances will be considered relative to the job sought

PROFESSIONAL REFERENCES

List name and telephone number of at least three references that are not related to you.

Name & Occupation	Years Known	Phone:
Name & Occupation	Years Known	Phone:
Name & Occupation	Years Known	Phone:

Do you have any friends or relatives currently working for the City of Clearwater Yes No (Please provide names)

Applicant Statement

I expressly authorize the City of Clearwater, its representatives, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that this employer does not unlawfully discriminate in employment and no questions on the application is used for limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state and federal law.

If I am hired, I understand that I am free to resign at any time, with or without notice and with or without cause and that the employer reserves the same right to terminate my employment with or without notice and with or without cause, except as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Administrator. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the Applicant statement.

Signature of applicant _____ Date _____