EMPLOYMENT APPLICATION

CITY OF SUMAS
A GREAT PLACE TO LIVE AND DO BUSINESS

Position applying for:

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume. Use additional sheets provided if more space is required.

Name (Last)	(First)	(M.I.)

Address (Street)	(City)	(State)	(Zip)

Cell Phone	Email address

Do you have the legal right to work in the U.S.?   Yes   No

Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

Are you available to work: Full-time   Part-time   Temporary

Please list the hours and days of the week you are available?

Have you ever been dismissed, discharged, fired or asked to resign from a position?   Yes

If yes, please explain.   No

Education

Type of School	School & Location	Select Yrs Completed	Degree/Certificate *(Year higher level degree earned for verification purposes)*
High School			
College or University Studies			
Graduate School			
Business or Tech. School			
Other Relevant Training or courses			

License/Registration/Certificate

Description	State	Number	Expiration

Work History

Begin with your most recent experience. List all jobs separately (including military) and identify gaps in employment. *A résumé will not substitute for the information required in this section.* Résumés may be attached, but do not write "See Résumé" in lieu of completing the application.

If employment was under different name, indicate name:

FROM:	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? Yes No		SUPERVISOR'S PHONE #:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? Yes No		SUPERVISOR'S PHONE #:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? Yes No		SUPERVISOR'S PHONE #:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? 　　　　Yes　　　　No		SUPERVISOR'S PHONE #:

FROM:	TITLE:	EMPLOYER:
TO:	PRIMARY DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER? 　　　　Yes　　　　No		SUPERVISOR'S PHONE #:

ADDITIONAL EXPERIENCE (volunteer, internship, etc.):

Application Release

- *To the best of my knowledge, the information herein is true and complete. I understand that providing false information on my application or during the hiring process will be grounds for elimination from further consideration or, if employed, for dismissal at any time.*
- *I understand that I will be required to provide documentation showing authorization to work in the United States.*
- *I understand that employees are considered at-will, meaning the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.*
- *I hereby authorize the company or its agents to solicit information regarding my previous employment, educational background and any other similar background information regarding my character, general reputation and credit, and to contact any previous employers and references I have given on my employment application regarding this information. I authorize all previous employers to furnish the company or its agents with any and all such information as described above that they may have regarding my employment and reason for leaving. I release all parties and persons connected with any such request for information or the furnishing of such information from all claims, liabilities and damages for any reason arising out of the request. If employed, I release the company from any liability for future references the company may provide regarding my work history.*

SIGNATURE:_____　　　　DATE: _____