

CLINTON CITY CORPORATION

Employment Application - An Equal Opportunity Employer



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, material or veteran status, or any other legally protected status.

APPLICANT INFORMATION (PLEASE PRINT)

Position applied for:

| | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Last Name | | First | | M.I. | Date |
| Street Address | | | | Apartment/Unit # | |
| City | | State | | ZIP | |
| Date Available | | | Desired Salary | | |
| Best Time to Contact you is: | AM <input type="checkbox"/> | PM <input type="checkbox"/> | Phone Number | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | |
| If you are under 18 years of age, can you provide required proof of your eligibility to work? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for Clinton City? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | |
| Do you have friends or relatives that work for Clinton City? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, who? | | |
| Relationship: | Department & Position: | | | | |
| Are you currently employed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Where? | | |

Are you available to work: Full Time Part Time Temporary

Date available to start work:

Are you currently on "lay-off" status and subject to recall? YES NO

Are you currently receiving retirement benefits from URS? YES NO

EDUCATION

| | | | | | |
|-------------|----|-------------------|------------------------------|-----------------------------|--------|
| High School | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Other | | Address | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

SPECIAL TRAINING/SKILLS /QUALIFICATIONS

List professional trade, business or civic activities and offices held.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities for the job you have applied for? A review of the activities involved in such a job or occupation has been given? YES NO

| PREVIOUS EMPLOYMENT <i>start with most recent job – include job related military assignments or volunteer activities.</i> | | | |
|--|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| MILITARY SERVICE | | | |
| Branch | | From | To |
| Rank at Discharge | | Type of Discharge | |
| If other than honorable, explain | | | |
| REFERENCES <i>Please list three professional references. Do not include family member or past supervisors.</i> | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |
| Full Name | | Relationship | |
| Company | | Phone | |
| Address | | | |

DISCLAIMER AND SIGNATURE

I certify that my answers 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. 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 an authorized executive of this organization.

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 "which includes taking and passing a pre-employment drug/alcohol screening test.

Signature

Date