



## TOWN OF CALERA

### APPLICATION FOR EMPLOYMENT

The Town of Calera is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or any other characteristic protected by law.

### PERSONAL INFORMATION

*Incomplete information could disqualify you from further consideration. Please complete all fields.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? \_\_\_Yes \_\_\_No

Are you at least 18 years or older? \_\_\_Yes \_\_\_No (If no, you may be required to prove authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer? \_\_\_Yes \_\_\_No

If yes, please provide company names and details \_\_\_\_\_

Can you work any shift? \_\_\_Yes \_\_\_No If no, please explain: \_\_\_\_\_

Can you work overtime, including weekends? \_\_\_Yes \_\_\_No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? \_\_\_Yes \_\_\_No

### EMPLOYMENT DESIRED

Position desired \_\_\_\_\_

Date you can start \_\_\_\_\_ Hourly rate/Salary desired \_\_\_\_\_

Are you currently employed? \_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

### REFERRAL SOURCE

How did you hear about us? Walk-In Advertisement Referral Other

Have you ever worked for this company before? \_\_\_Yes\_\_\_No If yes, year of employment \_\_\_\_\_

Do you know anyone who works for our company? \_\_\_Yes \_\_\_No If yes, who? \_\_\_\_\_

### EDUCATION AND CERTIFICATIONS

EDUCATION	Name and location of school	No. of yrs. Attended	Degree Received	Subjects studied/Major
High School				
College or University				
Trade, Business or Correspondence School				

Do you have any certifications, special skills, experience and/or training that would enhance your ability to perform the position you're applying for? If yes, explain:

### EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration.*

Employer 1: _____	Phone: _____
Company /Individual	Company Phone Number
Address: _____	
Street Address	City State Zip Code
Job Title: _____	Dates Employed: _____ - _____
	From To
Starting Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly	Ending Pay: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Yearly
Brief Description of job duties/ responsibilities:	
Reason for leaving:	

Employer 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company /Individual Company Phone Number

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ - \_\_\_\_\_  
From To

Starting Pay: \$ \_\_\_\_\_  Hourly  Yearly Ending Pay: \$ \_\_\_\_\_  Hourly  Yearly

Brief Description of job duties/ responsibilities:

Reason for leaving:

Employer 3: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company /Individual Company Phone Number

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ - \_\_\_\_\_  
From To

Starting Pay: \$ \_\_\_\_\_  Hourly  Yearly Ending Pay: \$ \_\_\_\_\_  Hourly  Yearly

Brief Description of job duties/ responsibilities:

Reason for leaving:

Employer 4: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company /Individual Company Phone Number

Address: \_\_\_\_\_  
Street Address City State Zip Code

Job Title: \_\_\_\_\_ Dates Employed: \_\_\_\_\_ - \_\_\_\_\_  
From To

Starting Pay: \$ \_\_\_\_\_  Hourly  Yearly Ending Pay: \$ \_\_\_\_\_  Hourly  Yearly

Brief Description of job duties/ responsibilities:

Reason for leaving:

## REFERENCES

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for The Town of Calera to hire me. If I am hired, I understand that either the Town of Calera or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Town of Calera has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Town of Calera true and complete information on this application. No requested information has been concealed. I authorize the Town of Calera to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that the Town of Calera has adopted a Drug and Alcohol-Free workplace policy, and in connection with such policy, the town requires all applicants to undergo drug and alcohol screening following a conditional offer of employment, and such conditional offer is contingent on a negative test result from the pre-employment drug and/or alcohol screening.

Date \_\_\_\_\_ Signature \_\_\_\_\_

***THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.***