

CITY OF HIGHLAND APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status, or other legally protected status.

Name: _____ **Date:** _____

Address _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Cell:** _____

Are you 18 years old or older? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe
Conditions: _____

Do you have the legal right to work and remain in the United States? Yes No

If yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days? Yes No

Can you perform the duties of the job which you are applying? Yes No

If No, will you need any accommodations? Explain: _____

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/ University				
College/ University				
Other Training				

POSITIONS APPLIED FOR:

1) _____

2) _____

Work History

Most recent employer	Address	Telephone
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Date started	Starting Salary: \$ Per:	Starting Position
Date ended	Ending Salary: \$ Per:	Ending Position
Name of Supervisor	Title of Supervisor	
Description of Duties	Reason for Leaving	

Most recent employer	Address	Telephone
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Date started	Starting Salary: \$ Per:	Starting Position
Date ended	Ending Salary: \$ Per:	Ending Position
Name of Supervisor	Title of Supervisor	
Description of Duties	Reason for Leaving	

City of Highland

Most recent employer	Address	Telephone
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Date started	Starting Salary: \$ Per:	Starting Position
Date ending	Ending Salary: \$ Per:	Ending Position
Name of Supervisor		Title of Supervisor
Description of Duties		Reason for Leaving

Do you have a current commercial driver's license? _____

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Highland? Specify office equipment, machines, computers you can operate:

Give the names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

NAME	ADDRESS/PHONE NO.	OCCUPATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

City of Highland

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Highland or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject, to the approval of the (chief administrative officer) and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____

Date of Signature: _____