# PLANNING & DEVELOPMENT DISTRICT III APPLICATION FOR EMPLOYMENT

(Please attach a Resume)

(PLEASE PRINT)

Last Name		First Name		Middle	Social Security No.
Address	City	S	tate	Zip Code	Phone No.
Position(s) App	olied For:				

**Employment History:** Begin with current or last job. Include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

1.				
	Employer	Address		Phone Number
	Dates of Employment:	to	Job Title:	
	Starting Hourly/Salary:			
	Current/Final Hourly/Sala	ry:		
	Supervisor:			
	Duties or Responsibilities	:		
-				
	Reason for Leaving:			
2.				
	Employer	Address		Phone Number
	Dates of Employment:	to	Job Title:	
	Starting Hourly/Salary:			
	Current/Final Hourly/Sala	ry:		
	Supervisor:			
		::		
-				
	Reason for Leaving:			

3.							
	Employer	Addre	SS				Phone Number
	Dates of Employment:	/	_ to _	/		Job Title:	
	Starting Hourly/Salary:						
	Current/Final Hourly/Sala	ry:					
	Supervisor:						
	Duties or Responsibilities						
	Reason for Leaving:						
4.	Employer	Addre	SS				Phone Number
	Dates of Employment:	/	_ to _	/		Job Title:	
	Starting Hourly/Salary:						
	Current/Final Hourly/Sala	ry:					
	Supervisor:						
	Duties or Responsibilities	:					
	Reason for Leaving:						_
	IF YOU NEED ADDITIO	VAL SP	ACE, F	PLEASI	E USE	A SEPARATE	SHEET OF PAPER.
Ed	ucation - Years Complete	d: 12	14 1	6 18	19	20 +	
	School Lo	cation			Diplo	ma/Degree	Studies
Hię	gh School						
Tra	ade/Professional School						
Сс	llege/University						
Gr	aduate School						

**Specialized Training, Apprenticeship, Extracurricular Activities** (*List Honors, Awards, Copyrights, or Patents*):

Special Job-Related Skills and Qualifications from Employment or Other Experience:					
Foreign Languages (please	write language in ap	olicable column)			
	Fluent	Good	Fair		
Speak					
Read Write					
<b>Professional, Trade, Busine</b> You may exclude organizatio other protected status.			origin, disability, or		
Military History:					
Enlistment Dates		Release/Type	9		
Job-Related Training					
Current Status					

### Personal:

	Have you ever app If yes, whe	Yes □	No			
	Have you ever bee If yes, whe	Yes □	No			
	Do you have a rela If yes, who	· ·	oyed with us?	Yes □	No	
	May we contact you	ur present employe	er?	Yes 🗆	No	
	violation)?		ime (other than a traffic ction will not necessarily disqu	Yes □ alify you from er	No nployn	□ nent.
	Do you have an ap	propriate drivers lie	cense?	Yes 🗆	No	
	Have you ever bee If yes, plea	se explain?	fic violation?	Yes 🗆	No	
	Are you a citizen of (Proof must be provid		? rd, Social Security Card, and I	Yes □ Drivers License)	No	
	If no, does	your immigration s	status permit you to work?	Yes 🗆	No	
	Are you currently o	n "layoff" status, su	ubject to recall?	Yes 🗆	No	
	On what date will y	ou be available for	work?			
Av	ailability:					
	Full Time	Part Time	Shift Work	Tempora	у	
	Are you available fo	r travel?		Yes 🗆	No	

Are you available for work that requires overnight stays? Yes  $\Box$  No  $\Box$ 

## **References Other than Previous Employers or Relatives**

# Providing this information means that you give this organization permission to contact the references listed.

Name	Address	Telephone No.
Name	Address	Telephone No.
Name	Address	Telephone No.
Name	Address	Telephone No.

### APPLICANT'S ACKNOWLEDGMENT

This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless a specific document is executed in writing by the employer and employee.

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.

Signature of Applicant

Date

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## FOR DISTRICT III USE ONLY

Arrange Interview: Ye	s		No
Comments:			
If employed, start date:			Hourly/Salary: \$
Department:		_ Title:	
NOTES:			

BY:

Name and Title

Date

#### VOLUNTARY DATA RECORD SURVEY

PLEASE	PRINT
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DATE:

Applicants and employees are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. At the same time, as an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record-keeping, reporting, and other legal requirements. These data are for statistical analysis with respect to the success of the organization's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are *not* a part of your Application for Employment or Personnel File.

Job Title:				
Check One:	Male:	Female:		
Age: Vie	etnam Veteran: D	Disabled Ve	teran: 🗆	Disabled:
Check one of the f	ollowing (ethnic/rac	ial background):		
	White:	Hispanic:		
Native American/	Alaskan Native:	Black:		
Asian/F	Pacific Islander:	Other:		

NOTE: THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY.