



APPLICATION FOR EMPLOYMENT

The City of Milton is an equal opportunity employer. It adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, ethnic origin, national origin, marital or veteran status, citizenship, age, or disability.

Instructions: You must complete this application even if a resume is attached. Type or print in ink. Please answer all questions completely and accurately. If more space is needed, attach additional sheets referring to an applicable section of the application.

Position applying for: _____

Name: _____
(Last, First, Middle)

Social Security Number: _____

Address: _____
(Street, Apt. #)

City, State, Zip Code

Home Telephone: _____

Business Telephone: _____

Email Address: _____

Other Telephone: _____

Please answer the following questions:

Are you over age 18? Yes No

Do you have a driver's license? Yes No State_____ Expiration date: _____ Class: _____

Are you now or have you ever been employed by the City of Milton? Yes No

Are any members of your family or any relative (by blood or marriage) employed by the City of Milton? Yes No

If yes, give name, relationship and where employed: _____

Have you ever served on active duty with U.S. Armed Forces? Yes No If yes, what branch? _____

Date entered active duty:_____ Date discharged/separated:_____ Final rank: _____

List any other names under which you have worked, applied for work, or attended school: _____

Employment desired:

- Full-Time Only
- Part-Time Only
- Full- or Part-Time

If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.): _____

Have you ever been discharged or asked to resign from any position? Yes No

If yes, give details: _____

If offered employment, will you be able to provide proof of identity/authorization to work in the U.S.? Yes No

Computer Skills: Word Excel Outlook Power Point Other_____

General Computer Knowledge: Basic Intermediate Advanced

EDUCATION:

Name of High School	Address	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school do you have a G.E.D. equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No Date received:		Is the G.E.D.: <input type="checkbox"/> Military or <input type="checkbox"/> Civilian

College/University Name/Address	Dates Attended (Mo/Yr)		Credit Hours Earned		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Degree
	From	To	Qtr.	Sem.		
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Business, Trade, Technical Schools and other Training	Dates Attended (Mo/Yr)		Hours Per Week	Certificates Received	Subject Taken
	From	To			

Give the name of any profession (Engineering, Law, etc.) which you are licensed to practice.	Date of Issuance	Expiration Date	License Number

EMPLOYMENT HISTORY:

Please read these instructions carefully before beginning. **Complete the entire section in detail; do not use "see resume."** List chronologically all employment for the last 10 years including current employment, summer and part-time employment while attending school. All time must be accounted for. Any length of time not employed, indicate dates of unemployment. Please attach a separate sheet of paper for additional employment history, if necessary.

May we contact your current employer for a reference? Yes No Not Applicable

1. Name of Present or last employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month Year	To: Month Year	
Supervisor's Name:		Phone Number
Duties & Responsibilities:		
Reason for Leaving:		

2. Name of Present or last employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month Year	To: Month Year	
Supervisor's Name:		Phone Number
Duties & Responsibilities:		
Reason for Leaving:		

3. Name of Present or last employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month Year	To: Month Year	
Supervisor's Name:		Phone Number
Duties & Responsibilities:		
Reason for Leaving:		

4. Name of Present or last employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month Year	To: Month Year	
Supervisor's Name:		Phone Number
Duties & Responsibilities:		
Reason for Leaving:		

5. Name of Present or last employer:		
Address:		
Job Title:	Beginning Salary:	Ending Salary:
From: Month Year	To: Month Year	
Supervisor's Name:		Phone Number
Duties & Responsibilities:		
Reason for Leaving:		

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No
 If yes, explain fully. _____

List below the names and addresses of two (2) persons (*not relatives or former employers*) who have knowledge of your character and qualifications and whom we may contact:

Name	Address	Phone Number

Use this space for any additional remarks, or to complete or enlarge upon information given elsewhere in the application.

CERTIFICATION: (Please read the application and your answers carefully before signing.)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize the City of Milton to thoroughly investigate my references, work records, education, criminal background and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the City of Milton, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen, a pre-employment physical and a pre-employment psychological test (if applicable). By signing this application, I voluntarily agree to submit to a pre-employment drug screen, pre-employment physical and psychological test (if applicable) upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen, physical and/or psychological test (if applicable) will result in withdrawal of the employment offer.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Milton is of an “at will” nature, which means that I may resign at any time and the City of Milton may discharge me at any time with or without cause.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant’s Signature _____ Date _____



City of Milton

**CONSENT FOR CRIMINAL RECORDS CHECK BY LAW ENFORCEMENT AGENCIES
(This section to be completed by Applicant on a voluntary basis.)**

I _____, **Social Security Number** _____ have applied for a position with the City of Milton and I consent to a criminal check by law enforcement agencies. I also authorize the release of such information to the City of Milton now and at any time during my employment, and hereby release, discharge, and waive any and all claims, which may arise against you for the release of accurate information.

CURRENT ADDRESS _____

(Street)

(City, State, Zip)

Driver's License # _____ State _____

Birth Date _____ Race _____ Sex _____

APPLICANT'S SIGNATURE _____ DATE _____

Please Note: If applicant is given a contingent offer of employment, it will be mandatory that this form be completed at that time.