

City of Greenwood Employment Application

The City of Greenwood is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, religion, creed, sex, marital status, age, veteran status, or disability in employment.

Personal	Information:									
Name:	Last	First	Middle	!	Last 4 Social S	Security Numb	er Date C	Completed: MI	M/DD/YY	ΥY
Contact I	nformation:									
Address:	Street	Α	pt. or Box #		City	State	Zip			
Primary P	Phone:			Alterna	tive Number :		Email	Address:		
Position applying for:			Shift Desired			Full-time/Part-time/ Seasonal/Other				
1										
2.										
Availabili	ty:	Mo	n.	Tues.	Wed.	Thurs.	Fri.	Sat.		Sun.
Day										
Evening										
Anytime										
High Scho	ool									
	cation of School	(City/State)								
Diploma F			Yes	No	GED	Yes	No			
College, L	Jniversity or Pro	fessional Sch	nool							
Name of S			ty/State		Years At	ttended	Major	Degree	e Earned	
							.,.			
		•						<u>.</u>		
Job-Relat	ed Training or Co	ourse Work (Vocationa	l, Trade, Go	vernment, Trai	ining, Etc.)				
Name of School City/State Dates of School		of Attendance Credit Hour		rs Course of Study or		Trainir	ng			
		,				Received	Training S	•	Compl	-
				From	То]			Yes	No

Special Skills/Training (Office, Computer, Technology, Management, Maintenance, Engineering, Trades, etc):					
Do	you have a current CDL? Yes No				
F	playmant History (Mast Passet)				
1.	ployment History (Most Recent) Company Name	Job Title			
	Company Name	Job Title			
Add	lress	Phone Number w/ Area Code			
Sup	ervisor Name and Title	Employed – (Month and Year) From To			
We	ekly Pay	Reason For Leaving			
Sta					
Des	cription of Job Duties and Responsibilities				
Em	ployment History (cont'd)				
2.	Company Name	Job Title			
Add	dress	Phone Number w/ Area Code			
Sun	ervisor Name and Title	Employed – (Month and Year)			
Jup	certisor rame and rate	From To			
We	ekly Pay	Reason For Leaving			
Sta					
Des	cription of Job Duties and Responsibilities				
Em	ployment History (cont'd)				
3.	Company Name	Job Title			
Add	dress	Phone Number w/ Area Code			
Sun	ervisor Name and Title	Employed – (Month and Year)			
Jup	retvisor Name and Title	From: To:			
We	ekly Pay	Reason For Leaving			
	Start: End:				
Des	cription of Job Duties and Responsibilities				
May we contact your present or past employers: Yes No If no, which employer:					
Please Explain Any Periods of Unemployment					
					
Hav	ve you ever been convicted of a felony(s)?	Yes	No		
10					
If Yes, Please Explain:					
Are	you legally eligible for employment in the U.S?	Yes	No		
	pof of status or approved paperwork will be required upon				
	ployment)				

Do you now, or will you in the future, require sponsorship (e.g., H-1B visa, etc.) to work legally in the US?	Yes	No	
Are you on layoff and subject to recall?	Yes	No	
Will you work overtime if required?	Yes	No	
Have you completed an application here before?	Yes	No	
	When?		
Have you ever been employed here before?	Yes	No	
	When?	Department?	
Do you have any relatives working here?	Yes	No	
	Relative's Name?		

References

Name	Phone	Years Known	Personal/Professional	

Acknowledgement and Signature

Please read carefully before signing. If you have any questions regarding the following statements or questions contained in this application, please ask before signing the application.

I understand that my application will remain active for one (1) year. I understand that according to federal law, all individuals who are hired must as a condition of employment, produce certain documentation to verify their identity and U.S. Citizens status or if alien, their legal authorization to work in the United States.

I understand that employment with the City is "at will" and an employee or the City may discontinue the employment relationship at any time. In addition, I understand that if I am employed I will have an Introductory Period. Successful completion of an employee's Introductory Period does not alter the "at will" employment relationship.

I certify that the information contained on this form is correct and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I understand that false, misleading, or omitted information will result in the rejection of the application. I also understand that my employment will be terminated for any misstatements, misleading or omission of fact appearing on this application form or any other employment document.

I authorize the release of information on the quality of my performance upon separation of employment by the City.

I understand that the City will strive to keep the information on this application confidential. I also understand that the City may be required to disclose information pursuant to I.C. 5-14-3, the Public Records Law. If disclosure of such information is required by the law, I agree to waive all rights of action against the City for disclosing any and all information included on this application.

Applicant Signature	Date	