



APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
Advertisement	Inquiry
Web Site	Friend: _____
	Relative: _____
	Other: _____

Last Name	First Name	Middle Name
Address	Street	City
		State
		Zip Code
Telephone Number	Social Security Number (Voluntary)	

Best time to contact you is:	_____ : _____	A.M.	P.M.
Have you ever been employed with us before? If Yes, give date and position	Yes	No	
Do any of your friends or relatives work here? If Yes, state name(s)	Yes	No	
Can You Travel if a job requires it?	Yes	No	
Do you have a valid Driver's License	Yes	No	
Are you Currently Employed? If Yes, may we contact your present employer?	Yes	No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment)	Yes	No	
If you are under 18 years of age, can you provide required proof of eligibility to work?	Yes	No	
Date available for work _____/_____/_____	What is your desired salary range? _____		
Please state work availability:	Full-Time	Part-Time	Temporary
Please Indicate Shift Availability:	1	2	3

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name And Address of School	Course of Study	Number of Years Completed	Diploma or Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS / EQUIPMENT OPERATED)

Personal Computer	Microsoft Excel	Production / Mobile	
Microsoft Word	Microsoft Access	Machinery (list)	Other (list)
Microsoft Power Point	Typing	_____	_____
Microsoft Access	_____ WPM	_____	_____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		Dates Employed From To		Work Performed	
Address					
Telephone Numbers					
Job Title		Hourly Rate / Salary			
Supervisor		Starting Final			
Reason for leaving					
Employer		Dates Employed From To		Work Performed	
Address					
Telephone Numbers					
Job Title		Hourly Rate / Salary			
Supervisor		Starting Final			
Reason for leaving					
Employer		Dates Employed From To		Work Performed	
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Job Title		Hourly Rate / Salary			
Supervisor		Starting Final			
Reason for leaving					
Employer		Dates Employed From To		Work Performed	
Address					
Telephone Numbers					
Job Title		Hourly Rate / Salary			
Supervisor		Starting Final			
Reason for leaving					

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?

Yes

No

State any additional information you feel may be helpful to us in considering your application

PROFESSIONAL REFERENCES NOT PREVIOUSLY LISTED ON THIS APPLICATION

	()	
(Name)		Phone Number
	()	
(Name)		Phone Number
	()	
(Name)		Phone Number
	()	
(Name)		Phone Number

I certify that answers given herein are true and complete. I understand that any falsification, misrepresentation or omission of fact on this application, or any other accompanying documents, will be cause for denial of employment or immediate termination of employment.

I authorize investigation of all statements contained in this application for employment. I release from all liability anyone supplying such information and hold the employer harmless from all liability that might result from the investigation.

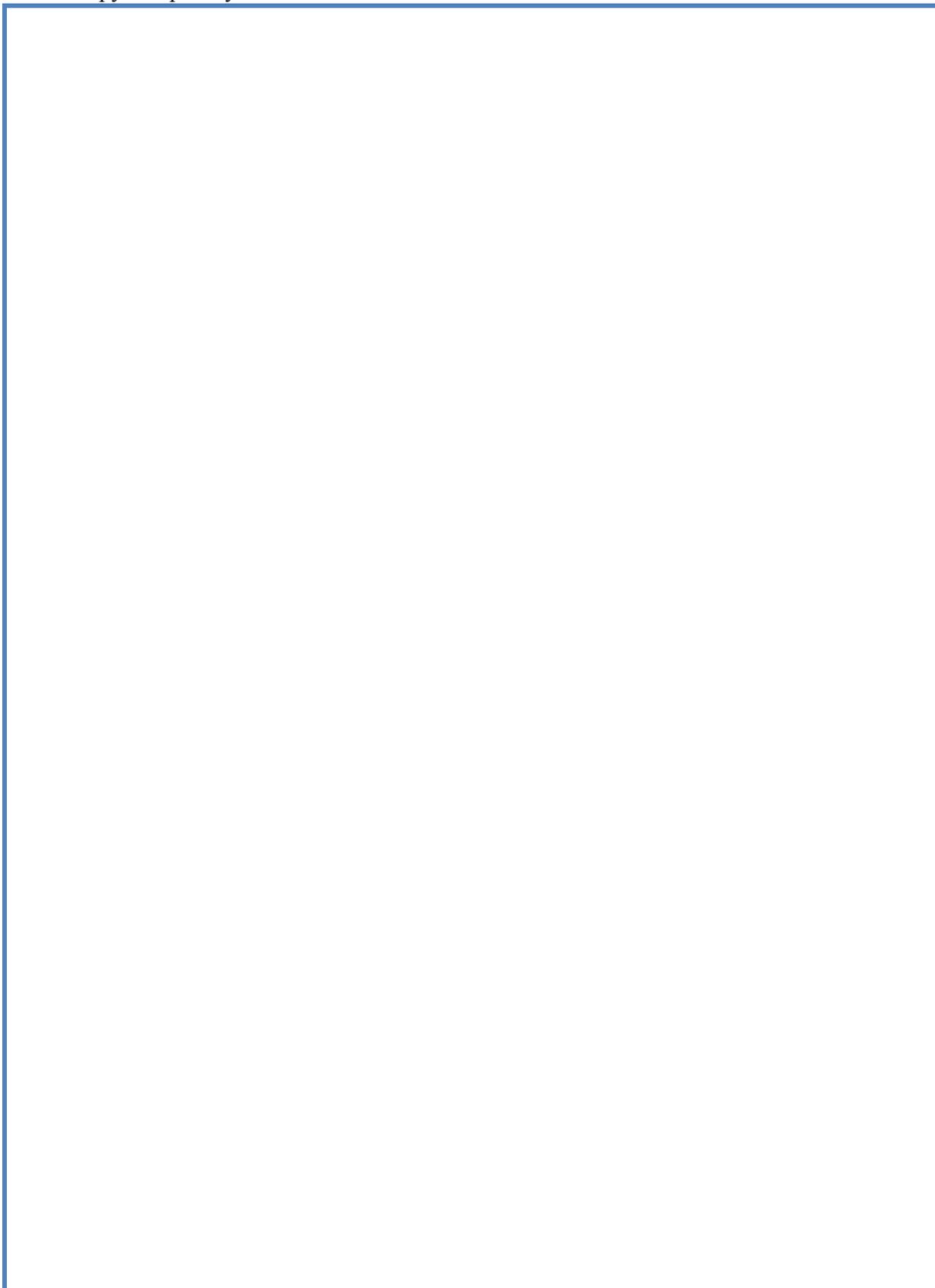
I understand that if employed, I am required to abide by all rules and regulations of the City of Commerce. I understand that if employed, my employment may be terminated, with or without cause, and with or without notice, at any time, at the option of either the City of Commerce or myself. I further understand that no representation, whether oral or written by any representative of the City of Commerce, may constitute a contract of employment.

The City of Commerce is a DRUG FREE WORKPLACE. All applicants are subject to a post offer drug screen, background check, and for some positions, a credit check and/or motor vehicle record search.

Signature of Applicant 	Date
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COVER LETTER

Please copy and paste your cover letter in the box below.

A large, empty rectangular box with a thin blue border, occupying most of the page below the text. It is intended for the user to paste their cover letter into.

RESUME

Please copy and paste your resume in the box below.