City of Beacon Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT) Date of Application Position(s) Applied For_____ Referral Source: Advertisement Friend ☐ Walk-In ☐ Relative □ Employment Agency □ Other Name____ LAST FIRST MIDDLE Address NUMBER STREET CITY STATE ZIP CODE Telephone () Social Security No. _____ Are you under 18 years of age YES () NO() If employed and you are under 18, can you furnish a work permit? Yes Have you filed an application here before? Yes No If yes give date: Have you ever been employed here before? ☐ Yes ☐ No If yes give date: Are you employed now? \square Yes \square No May we contact your employer? \Box Yes \Box No Are you legally authorized to work in the United States? Yes No On what date would you be available for work? Are you available to work Full Time Part Time Shift Work Temporary Are you on a lay-off and subject to recall? Yes No Can you perform the essential functions of the position with or without accommodation? ☐ Yes ☐ No

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Employer	<u>Dates Employed</u>	Work Performed
Address	Hourly Rate/Salary	
Job Title		
Supervisor		
Reason for Leaving		

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EDUCATION				
Have you graduated from high school? ☐ Yes ☐	No			
If yes, please provide name and location of High School				
If NO, what grade did you complete:				
If you have a high school equivalency diploma, indicate issui number:				
COLLEGE, UNIVERSITY, PROFESSIONAL OR TECHNI	CAL SCHOOL INFORMATION:			
Name of school & location				
Number of years				
Did you graduate? Degree r	eceived			
State any additional information you feel may be helpful to u	s in considering your application.			
I affirm that answers given herein are true and complete to th	e best of my knowledge.			
Signature of Applicant	Date			