



## Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, ancestry, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied for	Date of Application
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Last Name	First Name	Middle Name
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Address	City	State	Zip Code
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Telephone Number(s)	Email Address
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If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before? If Yes, give date _____	Yes	No
Have you ever been employed with us before? If Yes, give date _____	Yes	No
Do any of your relatives work here? If Yes, list _____	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes	No
Date available for work ___ / ___ / ___	What is your desired salary range? _____	
Are you available to work:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (please indicate dates available ___ / ___ / ___ - ___ / ___ / ___)	
Have you been convicted of a felony within the last five years? <i>A criminal record does not constitute an automatic bar to employment and will be considered only as relates to the job in question.</i>	Yes	No

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree (Specify)
High School				
College				
Vocational/Business School				
Other (Specify)				

List any skills or trades in which you have experience	List professional, trade, business or civic activities and offices held.	List any other professional awards or achievements.

[This application form is continued on the reverse side.](#)

# Employment History (list most recent first)

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

## References

		( )	
Name	Relationship		Phone #
		( )	
Name	Relationship		Phone #
		( )	
Name	Relationship		Phone #
		( )	
Name	Relationship		Phone #

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

As a condition of my employment, I agree to submit to a criminal background check, driving record check, drug screen, and/or physical and to have the results reviewed by Human Resources. I understand that my employment with Sulphur Parks and Recreation is contingent upon satisfactory results of these screenings.

**Signature** \_\_\_\_\_ **IMPORTANT - Checking this box constitutes an electronic signature**

**Date** \_\_\_\_\_