

City of Bluffton

Application for Employment

Date of Application: _____

Full Name: _____

Full Address: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Are you 18 years or older? Yes No Are you legally eligible to work in the United States? Yes No
Applicants for Patrol Officers or Full-time firefighters must be at least 21 and less than 36.

Have you previously been employed by the City? Yes No If Yes, give date(s) _____

Do you now or have you ever had a relative employed by the City? Yes No If yes, who and your relationship?

Have you been arrested or convicted of a crime that has not been expunged by a court? Yes No

If yes, please explain: _____

Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.

Position(s) Desired: _____
(Please list the title of the position as posted. Do not leave blank or list "any.")

On what date would you be available for work? _____

Status Desired: Full Time Part-Time Desired Hourly Rate/Base Salary: _____

Are you available to work: Weekday/Daytime Hours Weekday/Evening Hours Saturday Sunday

Are you currently employed? Yes No If so, may we contact your present employer? Yes No

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform the position applied for? Yes No If yes, please explain: _____

Do you hold a license or professional certification? Yes No If yes, please specify: _____

Do you participate in any professional associations that would enhance your ability to perform the position applied for?
 Yes No If yes, please explain: _____

Personal References

Please list three persons not related to you, and preferably who you have worked with/for and have known at least 3 years

Name	Address/Phone/Email	Company Name	Years Known

Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. Incomplete information could disqualify you from further consideration.

Employer's Name:	From:	To:
Full Address:		
Position/Title:	Rate of Pay:	
Reason for Leaving:		
Supervisor Name/Title:	Phone #:	
Briefly Describe Duties: _____		

Employer's Name:	From:	To:
Full Address:		
Position/Title:	Rate of Pay:	
Reason for Leaving:		
Supervisor Name/Title:	Phone #:	
Briefly Describe Duties: _____		

Employer's Name:	From:	To:
Full Address:		
Position/Title:	Rate of Pay:	
Reason for Leaving:		
Supervisor Name/Title:	Phone #:	
Briefly Describe Duties: _____		

Education

Type of School	Name and Location of School	# of Years Attended	Degree Received	Subjects Studied or Major
High School				
College or University				
Other Technical/Trade School or Business School				

Please read carefully before signing.

The City of Bluffton is an equal opportunity employer. The City of Bluffton does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service veteran status or any other protected class as defined by federal, state, and local laws. The City of Bluffton will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for the City of Bluffton to hire me. If I am hired, I understand that either the City of Bluffton or I may terminate employment at any time for any reason, with or without cause and without prior notice. I understand that no representative of the City of Bluffton has the authority to make any assurance to the contrary. In addition, I understand that the City of Bluffton utilizes the national E-Verify system to confirm my employment eligibility.

I attest with my signature below that I have given to the City of Bluffton true and complete information on this application. No requested information has been concealed. I authorize the City of Bluffton to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

X _____ Date: _____
 (Applicant Signature)