

City of Fraser Employment Application

Please fill out each field or print and complete with blue or black ink.

PERSONAL

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Position Applied for: _____

Can you perform the essential functions of the position for which you are applying? YES NO

If no, please explain (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question:

When would you be available to work: _____

Are you legally eligible to be employed in the United States?
(Proof of ID and eligibility will be required upon employment) YES NO

Are you over the age of 18 years? (If no, you may be required to provide authorization to work) YES NO

Have you ever worked for this Company before? YES NO

If yes, Where: _____ When (Dates): _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES NO

If yes, who, and where do they work: _____

Have you ever done any volunteer work? YES NO

If yes, describe (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status, or disabilities): _____

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME

If you cannot work full-time, please explain: _____

Days and Hours available (If employed, notification must be provided in writing should availability change):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Are you presently employed? YES NO If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving? _____

Do you belong to any professional, trade, business, or civic organizations that deal with the position for which you are applying? YES NO

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities): _____

Account for any full month since leaving school (high school or college) that you were not working:

From (Month/Year)	To	Reason

EDUCATION

	Name and Location	Course of Study	No. of Years Completed	Diploma/Degree Received
High School				
College				
Vocational/Trade School				
Graduate Work				

