



## 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. The City of Altoona is an Equal Opportunity Employer.

**Position(s) Applied For:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

How Did You Learn About Us?

- Advertisement       Relative       Friend       Online Job Board  
 Message Board       Inquiry       Radio       Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number (voluntary): \_\_\_\_\_

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?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?  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? Proof of citizenship or immigration status will be required upon employment.  Yes  No

Are you currently on "lay-off" status and subject to recall?

Yes

No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work:

Full-Time (please indicate: 1 2 3 shift)

Part-Time (please indicate: Mornings Afternoons Evenings)

Temporary (please indicate: dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

**EDUCATION**

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

**Describe any specialized training, apprenticeship, skills and extra-curricular activities.**

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**Describe any job-related training received in the United States military.**

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**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.*

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## 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.

1	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
2	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
3	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				
4	Employer Name:	Dates Employed		Work Performed
		From	To	
	Address:			
	Telephone Number:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor:			
Reason for Leaving:				

**ADDITIONAL INFORMATION**

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

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**Specialized Skills (Check All That Apply):**

- Commercial Driver's License    Forklift    Computer/Internet    Snow plow
- Inspection/Emission License    Data Entry    Fax/Scanner    Other: \_\_\_\_\_

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

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**PROFESSIONAL REFERENCES**

	Name	Telephone	Relationship
1.			
2.			
3.			

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

**APPLICANT'S STATEMENT**

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 45 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.

In the event of employment, I understand that false or 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.

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Signature of Applicant

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Date