

APPLICATION FOR EMPLOYMENT

EEO/DATA PRIVACY DISCLAIMER

Applicant understands that the City of Hadley is an Equal Opportunity Employer and committed to excellence through diversity, without discrimination on the basis of race, color, creed, religion, national origin, sex, marital status, disability, sexual orientation, or age.

The information requested on this Application for Employment is intended to be used only by the City of Hadley, for the sole purpose of determining suitability for employment for the position applied for. All information provided is classified as private data and will not be released by the City of Hadley without consent from applicant, except as required by state or federal law.

In order to ensure this application is accepted for consideration, please complete each section in its entirety. Applicant should verify that answers are true and honest to the best of his/her knowledge.

PERSONAL INFORMATION					
FULL NAME:	First	Middle			
ADDRESS: Street Address		Apt/Suite			
City	State	Zip Code			
E-MAIL:	PHONE:				
SOCIAL SECURITY NUMBER	R (SSN):	DATE OF BIRTH:			
DATE AVAILABLE: EMPLOYMENT DESIRED: FULL-TIME PART-TIME					
POSITION APPLIED FOR: _					
HOW DID YOU HEAR ABOU	T OUR OPENING:				
EMPLOYMENT ELIGIBILITY					
ARE YOU A U.S CITIZEN OR	LEGALLY ELIGIBLE	TO WORK IN THE U.S? YES NO*			
HAVE YOU EVER WORKED	FOR THIS EMPLOYE	R? 🗆 YES* 🗆 NO			
*IF YES, LIST POSITION & S	TART/END DATES: _				
HAVE YOU EVER BEEN CO	NVICTED OF A FELOI	NY? YES* NO			
*IE VES DI EASE EYDI AIN:					

EDUCATION				
HIGH SCHOOL:	CITY / STATE:			
FROM:	TO:			
GRADUATE? ☐ YES ☐ NO	DIPLOMA:			
COLLEGE:	CITY / STATE:			
FROM:	TO:			
GRADUATE? ☐ YES ☐ NO	DEGREE:			
OTHER:	CITY / STATE:			
FROM:	TO:			
DEGREE/CERTIFICATION:				
OTHER:	CITY / STATE:			
FROM:	TO:			
DEGREE/CERTIFICATION:				
	EMPLOYMENT HISTORY (MOST RECENT EMPLOYER FIRST)			
EMPLOYER 1:				
Company / Individual				
ADDRESS:Street Address	Apt/Suite			
City	State Zip Code			
E-MAIL:	PHONE:			
DATES EMPLOYED:	ENDING PAY: \$ HOURLY SALARY			
JOB TITLE:	MAY WE CONTACT EMPLOYER? YES NO			
JOB DUTIES:				
REASON FOR LEAVING:				

EMPLOYER 2:Company / Individual				
ADDRESS:				
Street Address		Apt	'Suite	
City	State	Zip	Code	
E-MAIL:		PHONE:		
DATES EMPLOYED:		_ ENDING PAY: \$	🗆 HOURLY 🗆 SALARY	
JOB TITLE:		MAY WE CONTACT EMPLOYER? ☐ YES ☐ NO		
JOB DUTIES:				
REASON FOR LEAVING:				
EMPLOYER 3:Company / Individual				
ADDRESS:Street Address		Apt	/Suite	
City	State	Zip	Code	
E-MAIL:		PHONE:		
DATES EMPLOYED:		_ ENDING PAY: \$	HOURLY SALARY	
JOB TITLE:		_ MAY WE CONTACT E	MPLOYER? ☐ YES ☐ NO	
JOB DUTIES:				
REASON FOR LEAVING:				
	DEDSONAL	L STATEMENT		
	PERSONAL	LSTATEMENT		
PLEASE EXPLAIN WHY YOU A TO ACCOMPLISH IF SELECTE				

REFERENCES (PROFESSIONAL ONLY)				
FULL NAME:	First	RELATIONSHIP:		
COMPANY:		TITLE:		
E-MAIL:		PHONE:		
FULL NAME:	First	RELATIONSHIP:		
COMPANY:		TITLE:		
E-MAIL:		PHONE:		
FULL NAME:	First	RELATIONSHIP:		
COMPANY:		TITLE:		
E-MAIL:		PHONE:		
	BACKGROUND CHE	CK CONSENT		
IF ASKED, ARE YOU WILL	ING TO CONSENT TO	A BACKGROUND CHECK? ☐ YES ☐ NO		
CERTIFI	CATION, ACKNOWLE	EDGEMENT, RELEASE		
the best of my knowledge. I any omission or concealment	understand that any fals nt of facts, will disqualify	ation for Employment is true and correct to se or misleading information provided, or me from consideration for employment, and d I be employed by the City of Hadley.		
formal approval by the appo	pinting authority has beer	er of employment is valid or binding until n made and that, until such approval has liance on any oral or written offers of		
	n behalf of the City of Ha	mployers and references listed herein and dley from any and all liability of whatever formation.		
APPI ICANT SIGNATURE:		DATF:		