



City of Bono
 "Friendly. Neighborly. Bono."

Application For Employment

The City of Bono does not discriminate on the basis of race, color, religion, sex, national origin, marital or veteran status, disability unrelated to job requirements, genetic information, political status, or other legally protected status of exercise of constitutional rights.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name		Date	
Address		City	State Zip
Phone Number	Email Address	Position Applied For	
On what date would you be available for work?	Are you 18 years old or older? ____ Yes ____ No	Can you perform the duties of the job which you are applying with or without reasonable accommodations? ____ Yes ____ No	
Do you have a legal right to work and remain in the U.S.? ____ Yes ____ No Yes, can you produce evidence of U.S. citizenship or legal status within (3) days? ____ Yes ____ No	If	Have you ever been employed with us before? ____ Yes ____ No Yes, give date. _____	
Are you a veteran? ____ Yes ____ No	Have you ever been convicted of a felony? ____ Yes ____ No (Conviction will not necessarily disqualify an applicant for employment.) If Yes, describe conditions.		
Are you currently on "lay-off" status and subject to recall? ____ Yes ____ No	Can you travel if a job requires it? ____ Yes ____ No	Are you available to work: ____ Full Time ____ Part Time ____ Seasonal/Temporary	

Education

	Graduation Year	Major	Diploma/Degree
High School Name and Location			
College/University Name and Location			
College/University Name and Location			
Vocational/Technical School Name and Location			
Vocational/Technical School Name and Location			
Other School Training Name and Location			

Employment History

Most Recent Employer	Employer Address	City/State	Zip	
Name of Supervisor	Work Telephone	Dates Employed	Starting Position	Ending Position
Description of Duties		Reason For Leaving		
Is this your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Most Recent Employer	Employer Address	City/State	Zip	
Name of Supervisor	Work Telephone	Dates Employed	Starting Position	Ending Position
Description of Duties		Reason For Leaving		

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Description of Duties		Reason For Leaving		

If additional space is needed please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences. Specify experience and knowledge of computer software programs, office equipment, heavy machinery or mowing equipment which would relate to the position you are applying.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other

References

Give the names, addresses and phone numbers of three (3) persons, other than relatives, who have knowledge of your character, experience or ability.

Name	Address/Phone Number	Occupation

Applicant's Statement

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I understand that this application will remain active for a period of time not to exceed 45 days.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Bono or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be as valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the approval of the Mayor and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant _____ Date _____

For Personnel Department Use Only

Arrange Interview? ____Yes ____No	Interview Date	Employ? ____Yes ____No	Date of Employment	Rate/Salary	Title

Notes

Department Supervisor _____ Date _____

