

City of Markham

Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are considered for open positions without regard to race, color, age, sex, religion, national origin, ancestry, sexual orientation, marital status, parental status, veteran status or military discharge status, disability or any other legally protected status. Equal access to programs, services and employment is available to all persons.

PLEASE PRINT

POSITION APPLIED FOR:			DATE OF APPLICATION:	
LAST NAME	FIRST NAME	M.I.	TELEPHONE NUMBER	EMAIL ADDRESS
ADDRESS			CITY, STATE, ZIP	
ARE YOU AVAILABLE TO WORK? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL				
WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?			SALARY REQUESTED:	
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DATE: _____				
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PROVIDE DATE: _____				
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES IF NO, ARE YOU LEGALLY QUALIFIED TO WORK IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(Proof of citizenship or immigration status will be required upon employment.)</i>				
ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES				
HAVE YOU ENTERED INTO AN AGREEMENT WITH ANY FORMER EMPLOYER OR OTHER PARTY (SUCH AS A NON COMPETITIVE AGREEMENT) THAT MIGHT, IN ANY WAY, RESTRICT YOUR ABILITY TO WORK FOR OUR COMPANY? <input type="checkbox"/> NO <input type="checkbox"/> Yes IF YES PLEASE EXPLAIN: _____				
HOW DID YOU LEARN ABOUT THE CITY OF MARKHAM POSITION? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> WALK-IN <input type="checkbox"/> RELATIVE <input type="checkbox"/> FRIEND <input type="checkbox"/> EMPLOYEE (NAME) _____ <input type="checkbox"/> OTHER _____				

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EDUCATIONAL BACKGROUND

	NAME	ADDRESS	YEARS COMPLETED	GRADUATED (YES/NO)	DIPLOMA/DEGREE EARNED
HIGH SCHOOL					
COLLEGE					
OTHER					

LANGUAGE (S)

List language(s) in which you are proficient and check the boxes that apply to your proficiency in that language.

LANGUAGE(S)	READ	WRITE	SPEAK

SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications that may qualify you to work with our company.

ACCOMPLISHMENTS

List any special accomplishments, publications and/ or awards you have earned.

ASSOCIATIONS

List professional, trade, business, or civic associations of which you have been a member, and any offices held.

ADDITIONAL INFORMATION

List any information you would like us to consider.

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EMPLOYMENT HISTORY:

List your previous employers, assignments, volunteer activities and/or military experience, starting with the most recent.

EMPLOYER	TELEPHONE NUMBER	DATES EMPLOYED: FROM: TO:	JOB RESPONSIBILITIES:
ADDRESS			
JOB TITLE			
SUPERVISOR/TITLE			
REASON FOR LEAVING			
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR REFERENCE? ___ YES ___ NO			
EMPLOYER	TELEPHONE NUMBER	DATES EMPLOYED: FROM: TO:	JOB RESPONSIBILITIES:
ADDRESS			
JOB TITLE			
SUPERVISOR/TITLE			
REASON FOR LEAVING			
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR REFERENCE? ___ YES ___ NO			
EMPLOYER	TELEPHONE NUMBER	DATES EMPLOYED: FROM: TO:	JOB RESPONSIBILITIES:
ADDRESS			
JOB TITLE			
SUPERVISOR/TITLE			
REASON FOR LEAVING			
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR REFERENCE? ___ YES ___ NO			

REFERENCES

List names and telephone numbers of three (3) personal references who are not related to you.

NAME	PHONE NUMBER	YEARS KNOWN

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APPLICANT'S CERTIFICATION AGREEMENT, IMPORTANT-PLEASE READ AND SIGN

I understand that the use of this application form does not imply that there are positions open and does not in any way obligate the City Of Markham to employ job applicants.

I certify that the information contained in this application is true to the best of my knowledge and I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason for the City Of Markham to reject my application, and if I am employed, my employment may be terminated at any time. I understand, also, that if employed, I am required to abide by all rules and regulations of the City Of Markham.

I understand that the City Of Markham does not unlawfully discriminate in employment and no questions on this application is used for the purpose of limiting or eliminating any applicant for consideration of employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 1 year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

In connection with my application for employment with the City Of Markham, I authorize and direct you to make whatever inquiries you may deem necessary and conduct a background investigation regarding my employment history, credit history, criminal record, professional licenses, educational background and or other information as deemed appropriate from applicable reporting agencies. These reports can include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from all previous employers. I release all parties from any and all liability for any damage that may result from their furnishing such information to the City Of Markham.

Additionally, I understand that the City Of Markham requires submission to drug testing prior to employment. As such, all offers of employment are contingent upon successful completion of background and credit report, and drug testing.

I understand and acknowledge that the City Of Markham is an at-will employer and is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PLEASE DO NOT WRITE BELOW THIS SECTION-FOR HUMAN RESOURCES USE ONLY

DATE HIRED:	DEPARTMENT:	TITLE:
SALARY/WAGES:	SUPERVISOR:	TITLE:
HUMAN RESOURCES SIGNATURE:		DATE:
DEPARTMENT MANAGER SIGNATURE:		DATE: