

APPLICATION FOR EMPLOYMENT

The City of Buffalo does not discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation or age.

Personal (Please Print)

Date _____

Name _____ E-Mail Address _____
Last First Middle

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the USA? Yes _____ No _____
(If yes verification will be required)

Are you of the legal age to work? Yes _____ No _____

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

Position(s) applied for _____

On what date will you be available for work? _____

Are there any other experiences, skills or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage).

The City has an anti-nepotism policy which prohibits the hiring and/or supervision of an employee by the employee's parent, child, sibling, or in-law. Do you have one of these relationships with a current employee of the City of Buffalo?

Yes _____ No _____

If yes, please identify the person.

RECORD OF EDUCATION

School	Name/Address of School	Course of Study	Last year completed	Did you graduate?	List Diploma/Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

BEGINNING WITH YOUR MOST RECENT, LIST BELOW PRESENT AND PAST EMPLOYMENT

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
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	Mo	Yr	Mo	Yr				
	Describe the work you did:							
Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed _____

If there is a particular employer you do not wish us to contact, please indicate which one(s).

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract for employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

Signature of Applicant

APPLICANT: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED OFF AREA.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. Minnesota law prohibits discrimination in employment because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance disability, sexual orientation and age. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

DO NOT ANSWER ANY QUESTION CONTAINED IN THIS BLOCKED OFF AREA UNLESS THE EMPLOYER HAS CHECKED THE BOX NEXT TO THE QUESTION, thereby indicating that for the position for which you are applying the requested information is needed for a legally permissible reason, including, without limitation, national security requirements, affirmative action, a bona fide occupational qualification or business necessity.

- Previous Address _____
- Are you over the age of eighteen? _____ If no, hire is subject to verification that you are of minimum legal age
- You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions with or without a reasonable accommodation listed for each position for which you have applied? _____

Employer may list other bona fide occupational questions on lines below:

- _____
- _____
- _____
- _____