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CITY OF GRANBY APPLICATION FOR EMPLOYMENT				
	Date			
Last Name	First	Middle		
Street Address	City	State Zip		
Phone Number ()	Alt. Phone Number (
Position applied for				
Have you ever been employed by City of Granby? Do you have any relatives employed by City of Gra If yes, please give relative's name and department				
Are you currently employed? On what date would you be available for work? Have you been convicted of a felony within the las (Conviction will not necessarily disqualify an appli	Yes No	🗌 No	Date Applied:	
If yes, please explain:				
EDUCATION NAME OF SCHOOL	DATES ATTENDED	<u>GRADUATED DEGREE</u>	Position:	

EMPLOYMENT EXPERIENCE

Start with your present or most recent job.

1.	Employer	Dates Employed
	Address	
		Job Title
	Supervisor	
	Work performed	
	Reason for leaving	
2.	Employer	Dates Employed
	Address	
	Telephone ()	
	Supervisor	
	Work performed	
	Reason for leaving	
3.	Employer	Dates Employed
	Address	
	Telephone ()	Job Title
	Supervisor	
	Work performed	
	Reason for leaving	

ADDITIONAL INFORMATION

(Summarize special job-related skills and qualifications required for employment or other experience.)

REFERENCES					
NAME	ADDRESS	<u>PHONE</u>			
1.		()			
1		()			
2		()			
3.		()			
		`/			

EMPLOYMENT CONDUCT

During a	ny employment period, were you ever counseled about, disciplined	for, or the subject of	, an investigation for:					
1.	Alleged discrimination, harassment, or similar conduct?	Yes	🗌 No					
2.	Alleged misconduct or inappropriate behavior of any kind?	Yes	🗌 No					
3.	Alleged unsafe behavior or violation of safety rules?	Yes	🗌 No					
4.	Alleged dishonest or unethical conduct of any kind?	Yes	🗌 No					
5.	5. If "yes" to any of the above, please provide as to each situation:							
	a. Name of employer							
	b. Approximate date (month and year) it occurred							
	c. Describe in detail the specific incident and allegations							
	d. What the specific outcome or disposition was							
IN CASE OF AN ACCIDENT, please indicate whom we should contact?								
NAME	ADDRESS	PH) ONE NUMBER					
RELATION	ISHIP TO APPLICANT							

CITY OF GRANBY POLICY: Employment with The City is contingent upon their receipt of notification of a clean drug screen.

The City of Granby participates in the federal <u>E-VERIFY</u> program to confirm the legal working status of new hires.

All information provided on this application is subject to verification. Falsification or misrepresentation may disqualify you from consideration for employment or, if hired, may be grounds for termination.

By your signature herein, you certify that all information on this and all attached pages is true, correct, and complete, to the best of your knowledge, and contains no willful falsifications or misrepresentations. Further, your signature authorizes all former employers to release job-related information, including any positive drug screens and the subsequent completion or failure to cooperate with/complete drug SAP evaluations/education/treatments, and I release all persons or companies from any liability or responsibility for providing such information.

If you want to be informed before your present employer is contacted, please indicate below:

Yes, please inform me before contacting my present employer

No, you do <u>not</u> need to inform me before contacting my present employer

Signature of Applicant

Date

EEO: City of Granby is an equal employment opportunity employer. City of Granby does not discriminate against qualified handicapped persons in employment actions, decisions, policies, or practices.