



Employer 3: \_\_\_\_\_

Address: \_\_\_\_\_  
City State ZIP

Phone: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly Rate: \_\_\_\_\_

If needed, please submit additional employment information on a separate sheet.

Education			
Schools/Colleges Attended:	# Years	Year Graduated	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional References		
Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Special Qualifications**

Please note any special qualifications:

**EMPLOYMENT APPLICATION RELEASE**

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I understand that this application is not intended to be a contract of employment. It is understood and agreed upon that any misrepresentation made by me during the application and interview process will be sufficient cause for cancellation of my application and/or separation from the City of Ammon's service, if I have been employed.

As a part of my application for employment, I consent to take a drug test. I understand that if I test positive for illegal drugs I will not be offered employment. If I am taking any prescription medication at the time of my drug test and my test comes back positive for illegal drugs, I will be afforded an opportunity to discuss that issue for the purpose of providing a reasonable explanation of my positive drug test.

The City of Ammon participates in E-Verify, and will provide the Social Security Administration and, if necessary, the Department of Homeland Security, with the information from each new employee's Form I-9 to confirm work authorization. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

I grant the City of Ammon the right to investigate all references and to secure additional information about me such as, credit report and/or police background investigation, if job related. I hereby release from liability the City of Ammon and its representatives for seeking and obtaining such information and furthermore, I release from liability all other persons, corporations, or organizations for providing such information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date