

Application for Employment



Please enter brief responses when answering questions. Your signature is required before application can be processed.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to application and/or interview process should notify a representative of the Human Resources Department.

Name: Applicant ID #
Address:
Contact: Home Phone Mobile Phone Email

Referral Source (Please check the appropriate category and list the source.)

Employee Staffing Agency
Advertisement Job Fair
City's Website Walk-in
School Gov't Employment
Other Other Internet

Position Desired: Date Available: Date of Application:
Pay Desired: Currently Employed: Yes No

If necessary, best time to call you is ...
May we contact you at work?
If yes, number and best time to call:
If you are under 18 and it is required, can you furnish a work permit?
Have you submitted an application here before?
Have you ever been employed here before?
Is this application a request for reemployment following an extended military leave of absence from the city?
Are you legally eligible for employment
Type of employment desired:
Will you relocate if job requires it?
Will you travel if job requires it?
If they have been explained to you, are you able to meet the attendance requirements of the position?

Will you work overtime if required?
If no, please explain:
Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.
Driver's license number required if driving may be required in the Job for which you are applying:
Have you ever been bonded?
Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime?
Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for our city?

EMPLOYMENT HISTORY (Starting with your most recent employer, provide the following information.)

		Employment Dates			
Employer Name	Telephone #	Dates employed:	Month / Year	to	Month / Year
Street address	City	Compensation (Starting)			
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	
Starting job title/final job title		Commission/Bonus/Other Compensation \$			
Immediate supervisor and title (for most recent position held)	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	Compensation (Final)			
Why did you leave?	Email:	<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary	\$	
		Commission/Bonus/Other Compensation \$			
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					

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Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					

Attach to application additional employer information.

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain:

SKILLS AND QUALIFICATIONS

Summarize any special training skills, licenses and/or certifications that may assist you in performing the position for which you are applying:

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	_____	Years: _____	<input type="checkbox"/> Internet	_____	Years: _____
<input type="checkbox"/> Presentation	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____
<input type="checkbox"/> Spreadsheet	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____
<input type="checkbox"/> E-mail	_____	Years: _____	<input type="checkbox"/> Other	_____	Years: _____

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____		

Certification _____

Other _____

REFERENCES

List names and telephone numbers of three business/work references who are **not** related to you and are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to you	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

ALL EMPLOYEES OF THE CITY OF CHESTER ARE EMPLOYEES “AT WILL” WHOSE EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE. ONLY THE CITY ADMINISTRATOR WITH THE APPROVAL OF CITY COUNCIL HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT REGARDING LENGTH OF SERVICE OR GROUNDS FOR TERMINATION AND ANY SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY THE CITY ADMINISTRATOR AND APPROVED BY CITY COUNCIL.

All applicants are advised that the City of Chester is subject to the Freedom of Information Act and upon request, may be required to disclose the names of the final three applicants being considered for any position with the City.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____ **Date:** [Click here to enter a date.](#)