

City of York Application for Employment



The City of York is an equal opportunity employer. We consider applications for all positions without regard to race, color, religion, national origin, age, disability, marital status, military status, sex, sexual orientation, gender, gender identity, pregnancy, citizenship status, genetic information or any other legally protected status.

Date Available: _____ Desired Salary: \$ _____
 Position Applying for: _____

Applicant Information

Full Name: _____
Last First M. I. Date:

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

() _____
Phone E-mail

Are you authorized to work in the U. S.? YES NO

Have you ever worked for the City of York? YES NO If Yes, when? _____

Military Service

Branch: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

This position is subject to a veteran's preference. Are you eligible for and requesting a veteran's preference? Yes

[A veteran requesting preference must submit with his/her Application for Employment a copy of the veteran's Department of Defense Form 214. A spouse of a veteran requesting preference must submit with his/her application for employment a copy of the veteran's Department of Defense Form 214, a copy of the veteran's disability verification from the United States Department of Veteran Affairs demonstrating a 100 percent permanent disability rating, and proof of marriage to the veteran.]

Education

	YES	NO	
High School or Equivalent: _____	<input type="checkbox"/>	<input type="checkbox"/>	Degree: _____
College: _____	<input type="checkbox"/>	<input type="checkbox"/>	Degree: _____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Degree: _____

Previous Employment

Company: _____ ()
Phone: _____

Address: _____
Address City State Zip Code Supervisor

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ ()
Phone: _____

Address: _____
Address City State Zip Code Supervisor

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ ()
Phone: _____

Address: _____
Address City State Zip Code Supervisor

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

References

Name: _____ *Relationship* _____
Company: _____ () _____
Phone: _____
E-mail: _____

Name: _____ *Relationship* _____
Company: _____ () _____
Phone: _____
E-mail: _____

Name: _____ *Relationship* _____
Company: _____ () _____
Phone: _____
E-mail: _____

Additional Qualifications and Special Skills

Referral Source: _____

Disclaimer and Signature

I acknowledge that if hired by the City of York, employment is on an at-will basis. This means the City of York is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract of employment for any specified time. Similarly, I am free to terminate my employment with the City of York at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by an authorized representative of the City of York and me. I agree to conform to the rules and regulations of the City of York, and I understand that the City of York has complete discretion to modify such rules and regulations at any time, except that it will not modify its policy of employment at-will.

I authorize the City of York or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation. Additionally, I authorize the City of York to complete a preliminary background investigation to determine if I qualify for the position I am applying

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: (Typing your full name constitutes a signature) _____ *Date:* _____