

Application Form

**APPLICATION FOR EMPLOYMENT
PLEASE ATTACH RESUME TO APPLICATION
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

DATE _____

Name _____
Last
First
Middle Initial

Present address _____
Street Number
City
State
Zip

How long have you lived there? _____

Social Security No. _____ - _____ - _____

Home Telephone Number (____) ____ -- _____ Cell(____) ____ -- _____

Position applied for _____

Salary desired _____
 (Be specific)

When available for work? _____

Type of School	Name of School	Location (Complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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Are you at least 21 years of age? Yes No

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____
Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many?

Have you had any moving violations during the past three years? How Many?

Please list three references other than relatives or previous employers.

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____ -- _____

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____ -- _____

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____ -- _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space on the back of this page to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____
Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name.
Attach additional sheets if necessary.

Name of employer _____

Address _____

Name of last supervisor _____

Employment dates: From _____ TO _____

Pay or salary _____

City, State, Zip Code _____

Phone number () _____ -- _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____

Address _____

Name of last supervisor _____

Employment dates: From _____ TO _____

Pay or salary _____

City, State, Zip Code _____

Phone number (____) _____-_____

Your last job title _____

Reason for leaving (be specific) _____

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Employment dates: From _____ TO _____

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City, State, Zip Code _____

Phone number (____) _____-_____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____

Address _____

Name of last supervisor _____

Employment dates: From _____ TO _____

Pay or salary _____

City, State, Zip Code _____

Phone number (____) _____ - _____

Your last job title _____

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did and why?

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE, OTHER THAN IT'S MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR, HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

Date _____

Signature _____

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.