

EDUCATION

Name of School and Location	Circle Last Year Completed	Graduated?	Diploma or Degree(s) Earned
Elementary _____	5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
High School _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

List major course of study if applicable to job you are applying for: _____

MILITARY

Have you ever served in the U.S. Armed Forces? Yes No. If yes, dates of duty: from _____ to _____

What branch of service? _____ Starting rank _____ Final rank _____

List duties and special training received in the service _____

Are you now a member of The National Guard or an Active Reserve Unit? Yes No.

EMPLOYMENT RECORD

PRESENT EMPLOYER:

Employer's Name: _____ Address: _____

Employed

Type of Business: _____ from _____ to _____ Wage/Salary \$ _____

Describe

Position(s) held: _____ Your Duties _____

Name and Title of
Immediate Supervisor _____ Telephone: _____

May we contact your present employer for a reference: Yes No later

PROVIDE YOUR EMPLOYMENT HISTORY, BEGINNING WITH MOST RECENT FORMER EMPLOYER:

Employer's Name: _____ Address: _____

Employed

Type of Business: _____ from _____ to _____ Wage/Salary \$ _____

Describe

Position(s) held: _____ Your Duties _____

Name and Title of
Immediate Supervisor _____ Telephone: _____

Reason for leaving: (If you quit, please state your reason. If terminated, what reason(s) were given to you? _____

May we contact this employer for a reference: Yes No

Employer's Name: _____ Address: _____

Type of Business: _____ Employed from _____ to _____ Wage/Salary \$ _____

Position(s) held: _____ Describe Your Duties _____

Name and Title of Immediate Supervisor _____ Telephone: _____

Reason for leaving: (If you quit, please state your reason. If terminated, what reason(s) were given to you? _____

May we contact this employer for a reference: Yes No

Employer's Name: _____ Address: _____

Type of Business: _____ Employed from _____ to _____ Wage/Salary \$ _____

Position(s) held: _____ Describe Your Duties _____

Name and Title of Immediate Supervisor _____ Telephone: _____

Reason for leaving: (If you quit, please state your reason. If terminated, what reason(s) were given to you? _____

May we contact this employer for a reference: Yes No

Do the above employers include all the works you have performed in the last five years? Yes No

UNEMPLOYED PERIODS

Please identify and explain all periods of unemployment during the last five years.

From: _____ To: _____. Reason(s) for periods of unemployment: _____

Are you currently on "lay-off" status and subject to recall? Yes No

ADDITIONAL INFORMATION

Have you been convicted of a crime? Yes No. (Note: Do not include convictions that have been annulled, erased, expunged, set aside, sealed by a court, or referred to a diversion program.)

If yes, explain: _____

(Note: Conviction is not an automatic bar to employment. All circumstances will be considered.)

Are you authorized to work in the U.S.? Yes No. (Note: Documentation proving legal right to work in the United States will be required upon hiring.)

Have you ever been fired or asked to resign from a job because of violation of an employer's policy or procedure?

Yes No. If yes, please explain: _____

Have you ever been known by any other name(s) that the City may require or verify information regarding your application? Yes No. If yes, identify name(s): _____

Provide the following contact information for a person to be notified in the case of an emergency should you be employed:

Name: _____ Relationship: _____ Telephone: _____

Address: _____

REFERENCES

Please give the names of three references (who are not previous supervisors) who are familiar with your and your job skills.

1. Name: _____

Address: _____ Telephone: _____

2. Name: _____

Address: _____ Telephone: _____

3. Name: _____

Address: _____ Telephone: _____

Are there any family, relatives or persons with whom you are involved in a close personal relationship who are

employed by the City? Yes No. If yes, Name: _____ Relationship: _____

“Equal Opportunity Employer”

1. I certify that the information contained in this application or that I have provided in conjunction with it, is true and complete, and I understand that any misrepresentation or omission will be grounds for disqualification from employment, or should I be employed, dismissal from employment at such time as the misrepresentation or omission becomes known to the City.

2. I understand that the City may elect to conduct an investigation of my work and personal history based on information I have provided in this application and in any oral interviews that may be conducted with me. I authorize such investigation and I authorize all former employers, education institutions, and other persons or entities I have identified in my application or interviews to provide information to the City concerning my work and personal history. I release the City and all parties providing such information to the City from any liability whatsoever arising therefrom. I understand that any investigation of an applicant's work and personal history the City may perform may not be completed in some instances until after an applicant is employed. I understand that if an investigation of any work and personal history is completed after I am hired, and the results of that background check would have resulted in my disqualification from employment, I may be dismissed from employment after such information becomes known to the City.

3. I understand that this application for employment does not constitute an offer of employment or a contract of employment. I understand that nothing in the oral statements or written statements made by officials or employees of the City during any application, interview, or if hired, during the orientation period or subsequent employment creates any contract of employment. I affirm that I have not relied and will not rely to my detriment on any statement that suggests employment is for a definite period. I further understand that employment with the City is not by contract express or implied but rather is at-will, and I understand that I or the City, if either chooses, may end the employment relationship at any time, for any reason. I understand that if employed all of the City's policies and procedures (in whole or in part), do not constitute a contract of employment. I understand that if hired, the City's policies and procedures are subject to modification by the City at any time, with or without notice.

4. If selected for employment, I consent to a post offer, pre-employment, medical examination, including a drug test. I certify that I understand that if I am extended an offer of employment by the City, my employment is contingent upon satisfactory completion of that medical examination and drug test, and submission of proof that I have the credentials and/or licenses (if relevant) necessary for the position that I am offered.

5. If employed, I agree that if requested by management at any time I will submit to the search of my person, or my personal vehicle when I or my vehicle are on City property, and locker or other storage space that may be assigned to me, or any computer or other electronic device available to me for use in the performance of my job duties. I hereby waive all claims for damages on account of any such search.

6. If employed, I agree that I will report to management any conduct which I believe constitutes unlawful harassment (sexual, racial, etc.). I understand that there are no reprisals whatsoever for the good faith reporting of such conduct to management.

7. I understand that this application is only valid for the position applied for at present and that the City is not obligated in any way to retain or consider this application for future openings. I further understand that this application is only active for thirty (30) days. At the conclusion of that time, if I wish to be considered for employment, it will be necessary for me to complete a new application.

8. I understand that no representative of the City can change or alter the terms, conditions, waiting periods of any employee benefit plan (insurance, etc.), and controlling plan document always prevail.

By signing below, I certify that I have read and understand the above and submit my application under these conditions.

Signature _____ Date _____