Applicant #:	

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability or any other protected class. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process contact City Hall at ______. Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Today's Date Job Applied for Temporary employment? Full-time ☐ Part-time ☐ Are you seeking: When are you available to start work? Telephone Number Middle Name Last Name First Name City Zip Code State Present Street Address No 🗆 Yes 🗌 Are you 18 years of age or older? (If you are hired, you may be required to submit proof of age.) If yes, when? No 🗆 Yes 🗌 Have you ever applied here before? No 🗌 If yes, when? Yes 🗌 Were you ever employed here? Are you now or do you expect to be engaged in any other business or employment? Yes No 🗌 If yes, please explain Yes 🗌 No 🗆 For Driving Jobs Only: Do you have a valid driver's license? Driver's License Number _____ Class of License _____ Yes 🗌 No 🗆 Have you had your driver's license suspended or revoked in the last three years? If yes, give details _____

EDUCATION		
List Name and Address of Schools High School or GED:	Number of Years Completed	Diploma/ Degree / Certificate
College or University:		
Subjects Studied:		
Vocational or Technical:		
Subjects Studied:		
What skills or additional training do you have that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines or equipment can you operate that are related to the job for very what machines of the property when the property wh		
List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race religion, national origin, sex, age, disability, or other protected sta	, color, atus.)	

Applicant #:	

MILITARY RECORD		
Branch of U.S. Military Service from (month/year) to (mont	h/year):	
Highest Rank Attained:		
Military Occupation Specialty and/or Major Duties:		
Honors or Awards:		
WORK H	IISTORY	
List names of employers in consecutive order with prese	nt or last employer first. Account for all periods of time If self-employed, give firm name and supply business	
Name of Employer:	Supervisor:	
Address:	Employed: From (mo/yr) / To (mo/yr)	
City, State, Zip Code:		
Title:	Reason for Leaving:	
Duties:		
	Supervisor:	
Name of Employer:	•	
Address:	Employed: From (mo/yr) / To (mo/yr)	
City, State, Zip Code:		
Title:	Reason for Leaving:	
Duties:		
Name of Employer:	Supervisor:	
Address:	Employed:	
	From (mo/yr) / To (mo/yr)	
City, State, Zip Code:		
Title:	Reason for Leaving:	
Duties:		

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Applicant #:	_
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Name of Employer:	Supervisor:		
Address:	Employed: From (mo/yr)	/ To (mo/yr)	
City, State, Zip Code:			
Title:	Reason for Leaving:		
Duties:			
Name of Employer:	Supervisor:		
Address:	Employed: From (mo/yr)	/ To (mo/yr)	
City, State, Zip Code:			
Title:	Reason for Leaving:		
Duties:			
	RENCES	Yes □	No □
Have you worked or attended school under any other names?		ies Li	TAG []
If yes, give names:			
Are you presently employed?		Yes 🗌	No 🗆
If yes, whom do you suggest we contact?			
Have you ever been fired or asked to resign?		Yes 🗆	No 🗆
If yes, please explain:			
Give three references, not relatives or former employers.			
Name Addr	ess	Phone	
		YMAN	

Applicant #:	
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AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that neither this document nor any verbal promises made by the employer or representative employee may be constituted as an employment contract.

I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the City is of an "at-will" nature, which means that either the employee may terminate the employment relationship at any time, with or without cause or advance notice.

I understand that before beginning employment I must pass a preemployment drug test and any other applicable testing for the position.

I understand that this application is the property of the employing City. This application must be signed and dated below before I will receive consideration for employment.

I have read, understand	, and by my	signature consent to	these statements.
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Signature:	Date:
Signature.	

This application for employment will remain active for a limited time. Ask the City representative for details.