



<b>EDUCATION</b>		
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: _____		

<b>SPECIAL SKILLS</b>
What skills or additional training do you have that are related to the job for which you are applying? _____ _____
What machines or equipment can you operate that are related to the job for which you are applying? _____ _____
List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, or other protected status.) _____ _____ _____ _____ _____ _____

**MILITARY RECORD**

Branch of U.S. Military Service from (month/year) to (month/year): \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Military Occupation Specialty and/or Major Duties: \_\_\_\_\_

Honors or Awards: \_\_\_\_\_

**WORK HISTORY**

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

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:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	

Applicant #: \_\_\_\_\_

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:	

**REFERENCES**

Have you worked or attended school under any other names? Yes  No

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	Address	Phone

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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