APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. 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 546-6197.

Answer each question fully and acquestions. Use blank paper if you on back of application. In reading intended to imply illegal preferences	do not have enough r g and answering the	room on this following q	application. PLI puestions, be awa	EASE PRINT, e are that none of	except for signature
Job Applied for			·	Today's Dε	nte
Are you seeking: Full-time	Part-time	Tem	nporary \square	employment?	
When are you available to start worl	k?				
					1
Last Name	First Name	Middle N	lame	Telep	hone Number
Present Street Address		City		State	Zip Code
Are you 21 years of age or older? (If you are hired, you managed)	ay be required to sub	mit proof of	Yes ☐ age.)	No 🗆	
If hired, can you furnish proof you a	are eligible to work in	n the U.S.	Yes 🗆	No 🗆	
Have you ever applied here before?	Yes 🗆	No 🗆	If yes, when?		
Were you ever employed here?	Yes 🗆	No 🗆	If yes, when?		
Are you now or do you expect to be				Yes 🗆	No 🗆
If yes, please explain					
Driver's License Number:					
Date of Birth:					

EDUCATION			
List Name and Address of Schools High School or GED:	Numbe Year Comple	'S	Diploma/ Degree / Certificate
College or University:			
Subjects Studied:			
Vocational or Technical:			
Subjects Studied:	_		
What machines or equipment can you operate that are related to the job for w	which you are appl	lying?	
For Driving Jobs Only: Do you have a valid driver's license?		Yes 🗆	No 🗆
Driver's License Number Class of	f License		
Have you had your driver's license suspended or revoked in the last	st three years?	Yes 🗆	No 🗆
If yes, give details			
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.)		

MILITAR	Y RECORD
Branch of U.S. Military Service from (month/year) to (mon	nth/year):
Highest Rank Attained:	
Military Occupation Specialty and/or Major Duties:	
Honors or Awards:	
WORKI	HISTORY
List names of employers in consecutive order with prese including military service and periods of unemployment references. PLEASE GIVE MONTH AND YEAR.	ent 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:	Pay: Start \$ Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ Final \$
Title:	Reason for Leaving:
Duties:	
Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) / To (mo/yr)
City, State, Zip Code:	Pay: Start \$ Final \$
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	Phon	<u>ne</u>		
AFFIDAVIT				
PLEASE READ EACH STATEMENT CAREFULLY BEFO	ORE SIGNING			
I certify that all information provided in this employment application is true and cominformation or omission may disqualify me from further consideration for employme if discovered at a later date.	plete. I understand nt and may result in	that any false my dismissal		
I authorize the investigation of any and all statements contained in this application. not, any person, school, current employer, past employers and organizations to popinions that may be useful in making a hiring decision. I release such persons a liability in making such statements.	provide relevant inf	formation and		
I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY CAUSE AND WITH OR WITHOUT NOTICE.	ANY DEFINITE I	PERIOD OF L OF THE		
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 re	epresentative for deta	ails.		

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 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 limite	d time. Ask the City representative for details.	