

PERSONAL

Name: _____
Last Name First Name Middle Name

_____ Are you 18 or older? _____
Social Security Number Yes No

Are you legally eligible to work in the United States? _____
Yes No

Are you a military veteran? _____ If yes, Dates of Active Duty. _____ to _____
Yes No

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

Is there any name, other than the name stated above, which you have previously used to identify yourself:

EMPLOYMENT DESIRED

Job Title: _____ Date Available: _____ Wage Desired: _____

Are you available for work: Full-time Part-time Temp Seasonal

EDUCATION

Do you have a High School Diploma or GED? _____
Yes No

Name of last school attended: _____ City: _____ State: _____

Circle last year of school completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements:

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Other Qualifications. Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Excel	<input type="checkbox"/> Outlook/Email	Other (list) _____
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Copy/Fax Machine	_____
<input type="checkbox"/> Word	<input type="checkbox"/> Accounting Software	_____

State any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT HISTORY

Former Employment (List employers, starting with current or most recent. Explain all gaps in time of employment.)

Employer Name: _____	Phone Number: _____	
Employer's Address: _____		
Start Date: _____	End Date: _____	Supervisor: _____
Position: _____	Duties: _____	
Ending Salary: _____	Reason For Leaving: _____	

Employer Name: _____	Phone Number: _____	
Employer's Address: _____		
Start Date: _____	End Date: _____	Supervisor: _____
Position: _____	Duties: _____	
Ending Salary: _____	Reason For Leaving: _____	

Employer Name: _____	Phone Number: _____	
Employer's Address: _____		
Start Date: _____	End Date: _____	Supervisor: _____
Position: _____	Duties: _____	
Ending Salary: _____	Reason For Leaving: _____	

Employer Name: _____	Phone Number: _____	
Employer's Address: _____		
Start Date: _____	End Date: _____	Supervisor: _____
Position: _____	Duties: _____	
Ending Salary: _____	Reason For Leaving: _____	

Explanation for all gaps in time of employment:

May we contact your former employers to verify this information?
Yes No

Please provide any additional information about your abilities or interests that makes you a good candidate for this position:

Have you previously applied for employment with the City: If "yes", when and under what name:

Have you previously been employed by the City: If "yes", when and under what name:

COMPLETE THIS SECTION IF YOU WILL BE REQUIRED TO OPERATE A CITY VEHICLE

The following questions must be answered in order to complete a check of your driving record:

Driver's License Information State: Number:

Driving Experience / Equipment Experience	Class of Equipment	Type of Equipment	Approximate Miles
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>

State any special course or training that will help you as a driver:

Have you received any safe driving awards: If "yes", from whom:

Have you ever had an automobile accident:

Have you ever been denied a license, permit, or privilege to operate a motor vehicle:

Has your motor vehicle license, permit, or privilege ever been suspended or revoked:

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI):

ACCIDENT RECORD

(List all accidents in the past 5 years whether chargeable or non-chargeable)

	Date	Nature of Accident	Fatality	Injuries	Vehicle
1.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
2.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
3.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
5.	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas, in the past 5 years, other than parking violations)

	Date	Nature of Accident	Fatality	Injuries	Vehicle
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

CRIMINAL RECORD (To be completed by all applicants)

The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

If you answer “yes” to any of the following questions, you must provide detail on the back:

Have you ever been convicted of a felony: _____

Have you ever been convicted of a serious misdemeanor: _____

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and recency of the convictions in making our decision.

REFERENCES

Name Phone

Address

Name Phone

Address

Name Phone

Address

FOR ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty, I understand I would be subject to immediate termination.

In connection with my application for employment with the City, I expressly authorize the release to the City of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the City and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City as part of my application for employment.

If I am offered and accept employment with the City, I understand that my employment is AT WILL and that my employment may be terminated at any time and for any reason either by me or by the City.

Signature _____ Date _____

We are an equal opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin or disability.

Position Applied For

Date of Application

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate: _____

Please answer ALL questions, you may add additional pages if necessary to fully respond to any question. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.