

HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE? IF YES, GIVE DATE:	YES	NO
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? IF YES, GIVE DATE AND POSITION	YES	NO
ARE YOU CURRENTLY EMPLOYED?	YES	NO
ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?		
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?	YES	NO

EDUCATION	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED	DEGREE OBTAINED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP OR SKILLS:
DESCRIBE ANY HONORS YOU HAVE RECEIVED:
LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT OPERATING:
STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

<p>LIST JOB-RELATED PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:</p> <p>YOU MAY EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, AGE, SEX, MARITAL STATUS, DISABILITY, GENDER IDENTITY, SEXUAL ORIENTATION, OR OTHER PROTECTED STATUS:</p>

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB, INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, AGE, SEX, MARITAL STATUS, DISABILITY, GENDER IDENTITY, SEXUAL ORIENTATION, OR OTHER PROTECTED STATUS.

NAME OF EMPLOYER	SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
ADDRESS OF EMPLOYER	MAY WE CONTACT? YES NO	WAS EMPLOYMENT FULL-TIME PART-TIME
REASON FOR LEAVING	STARTING DATE	ENDING DATE
YOUR JOB TITLE	STARTING SALARY	ENDING SALARY
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES		
NAME OF EMPLOYER	SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
ADDRESS OF EMPLOYER	MAY WE CONTACT? YES NO	WAS EMPLOYMENT FULL-TIME PART-TIME
REASON FOR LEAVING	STARTING DATE	ENDING DATE
YOUR JOB TITLE	STARTING SALARY	ENDING SALARY
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES		
NAME OF EMPLOYER	SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
ADDRESS OF EMPLOYER	MAY WE CONTACT? YES NO	WAS EMPLOYMENT FULL-TIME PART-TIME
REASON FOR LEAVING	STARTING DATE	ENDING DATE
YOUR JOB TITLE	STARTING SALARY	ENDING SALARY
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES		

EMPLOYMENT EXPERIENCE - continued

START WITH YOUR PRESENT OR LAST JOB, INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, CREED, NATIONAL ORIGIN, RELIGION, AGE, SEX, MARITAL STATUS, DISABILITY, GENDER IDENTITY, SEXUAL ORIENTATION, OR OTHER PROTECTED STATUS.

NAME OF EMPLOYER		SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
ADDRESS OF EMPLOYER		MAY WE CONTACT? YES NO	WAS EMPLOYMENT FULL-TIME PART-TIME
REASON FOR LEAVING		STARTING DATE	ENDING DATE
YOUR JOB TITLE		STARTING SALARY	ENDING SALARY
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
NAME OF EMPLOYER		SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
ADDRESS OF EMPLOYER		MAY WE CONTACT? YES NO	WAS EMPLOYMENT FULL-TIME PART-TIME
REASON FOR LEAVING		STARTING DATE	ENDING DATE
YOUR JOB TITLE		STARTING SALARY	ENDING SALARY
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES			
NAME OF EMPLOYER		SUPERVISOR'S NAME, TITLE, AND PHONE NUMBER	
ADDRESS OF EMPLOYER		MAY WE CONTACT? YES NO	WAS EMPLOYMENT FULL-TIME PART-TIME
REASON FOR LEAVING		STARTING DATE	ENDING DATE
YOUR JOB TITLE		STARTING SALARY	ENDING SALARY
BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

IF ANY OF YOUR PREVIOUS EMPLOYERS OR REFERENCES KNOW YOU BY ANY OTHER NAME, PLEASE LIST SUCH NAME IF IT IS NECESSARY TO ENABLE A CHECK ON YOUR WORK OR EDUCATIONAL RECORD:

REFERENCES

LIST PERSONS YOU HAVE KNOWN FOR THREE YEARS BUT WHO ARE NOT RELATED TO YOU.

1. _____
 NAME TITLE

 BUSINESS/OCCUPATION PHONE YEARS KNOWN

2. _____
 NAME TITLE

 BUSINESS/OCCUPATION PHONE YEARS KNOWN

3. _____
 NAME TITLE

 BUSINESS/OCCUPATION PHONE YEARS KNOWN

SERVICE RECORD

ARE YOU A MILITARY VETERAN? YES* NO
* IF CLAIMING VETERAN'S PREFERENCE. PLEASE ATTACH A COPY OF YOUR DD-214.

IF DRIVING IS ONE OF THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE ANSWER THE FOLLOWING:

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE? YES NO

DO YOU HAVE A VALID CDL LICENSE OR CHAUFFEUR'S LICENSE? YES NO
LIST ANY ENDORSEMENTS: _____

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE LAST FIVE YEARS? IF YES, PLEASE LIST BELOW:

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING, PLEASE ASK FOR ASSISTANCE. I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in refusal to hire or in termination of employment.

I authorize the city to contact my current and former employers as designated in the Employment Experience Section of this application, school officials, persons named as references and all others for the purpose of information verification and release the same from any liability resulting from the information released. I authorize employers, schools, agencies and other persons named on this application to provide any information or transcripts requested.

In the event that I am employed, I understand that I must comply with all city policies and rules of conduct. I understand that as the city deems necessary, I may be required to work overtime hours or hours outside the normally defined work day or week.

I understand and agree that I may be required to take a post-offer physical exam and/or back assessment at such site as designated by the city with regards to the essential functions of the position for which I am employed. I understand also that I may be required to take a hearing test, a drug screening test and may need to provide OSHA-approved safety clothing for specific positions within city employment.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT BETWEEN THE APPLICANT AND THE CITY. I FURTHER UNDERSTAND AND AGREE THAT EMPLOYMENT AND COMPENSATION MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE AT THE WILL OF THE CITY WITHOUT LIABILITY TO ME FOR ANY CONTINUATION OF SALARY, WAGES, OR EMPLOYMENT-RELATED BENEFITS, EXCEPT AS MAY BE PROVIDED BY RELEVANT COLLECTIVE BARGAINING AGREEMENTS, INDEPENDENT EMPLOYMENT AGREEMENTS AND/OR CIVIL SERVICE REGULATIONS.

I have read, understand and, by submitting this application, consent to these statements.

Signature _____ Date _____