

Employment Experience

Please complete your work experience starting with your present or last employer. Use additional sheets as necessary.

Employment Dates: From: _____ To: _____
Company Name: _____ Phone: _____
Address: _____ City, State & Zip: _____
Your Job Title: _____ Salary _____ Supervisor's Name: _____
Job Duties & Responsibilities: _____
Reason for leaving: _____

Employment Dates: From: _____ To: _____
Company Name: _____ Phone: _____
Address: _____ City, State & Zip: _____
Your Job Title: _____ Salary _____ Supervisor's Name: _____
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Employment Dates: From: _____ To: _____
Company Name: _____ Phone: _____
Address: _____ City, State & Zip: _____
Your Job Title: _____ Salary _____ Supervisor's Name: _____
Job Duties & Responsibilities: _____
Reason for leaving: _____

Are you presently employed? _____ Yes _____ No
If yes, may we contact your present employer? _____ Yes _____ No
If no, please give the reason: _____

DRIVING RECORD

Please fill out this Section if the job you are applying for may require driving City Vehicles or Equipment

Driver's License No. _____ State _____ Class/Type _____

Have you any traffic accidents within the past 3 years? Yes No, If yes, please list below:

Date of Accident	Nature of Accident (head-on, rear-end, etc.)	Injuries?	Fatalities?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

List any traffic violations you have been convicted of for the past 3 years other than parking violations:

LOCATION (CITY, STATE)	DATE (mo./yr.):	CHARGE/VIOLATION
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain: _____

List the vehicles or motorized equipment you have driven: _____

Please read and sign this agreement before submitting this application

In submitting this application I understand and agree that the statements set forth in my application are true and that any misrepresentation or omission of fact herein may result in the rejection of my application or my dismissal if hired. I also understand that my employment is conditioned upon successful completion of a physical examination and/or any other test or exam the City may require at the City's expense. I also authorize the City the right to make a thorough investigation of my past employment, military service, educational background, personal references, driving record, criminal record, and any other statement contained in this application as may be necessary in arriving at an employment decision and release from liability all persons, companies, corporation, or agencies supplying such information. Furthermore, I understand and agree that this employment application, by itself or together with other City documents or policies, does not create a contract of employment. I also understand that I may voluntary leave or be terminated at any time, with or without cause.

Signature of Applicant

Date

Military Training

Branch of Service: From _____ To _____

Military Duties and Training Received: _____

EDUCATION

Middle School or Jr. High Name and Location: _____
From _____ To _____

Circle Year Completed 5 6 7 8 Diploma

High School Name and Location: _____
From _____ To _____

Circle Year Completed 9 10 11 12 Diploma

College Name and Location: _____
From _____ To _____

Circle Year Completed 1 2 3 4 5 6 Diploma

Vocation or Business School Name and Location: _____
From _____ To _____

Circle Year Completed 1 2 3 4 5 6 Diploma

List any current licenses, certificates, or registrations you may have?

List any experiences, skills, training, or qualifications which you feel would be especially helpful in the job you are applying for:

PERSONAL REFERENCES

Name, Address, Phone and Occupation:

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List any family members or relatives you have working for the City?

Are you a relative or kin to any member on the City Council/Commission? ____ Yes ____ No

If yes, who? _____