

CITY OF PAULS VALLEY APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The CITY does not discriminate on the basis of race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, disabled status, or any other legally protected status.

PRINT OR TYPE ANSWERS TO EACH QUESTION CLEARLY AND COMPLETELY. ALL QUESTIONS MUST BE ANSWERED. This is an application for employment and no employment contract is being offered. The CITY may change wages, benefits, and conditions of employment at any time. If you need assistance in completing this application form or in participating in the selection process, please inform the receptionist.

Position desired _____ Date of Application _____ Date available for WORK _____
Are you available to work _____ Full Time _____ Part Time _____ Shift Work _____ Weekends _____ Nights If part time what hours and days: _____
Last Name _____ First _____ Middle _____
Street Address _____ Home Phone _____
City, State, Zip _____ Business Phone _____
If you are under 18 years of age, can you provide proof of your eligibility to work? _____ Yes _____ No
Have you ever worked for this CITY? _____ Yes _____ No If yes, give prior name, dates and reason for leaving: _____
Are you legally eligible to work in the United States? _____ Yes _____ No (Verification will be required upon employment and failure to furnish documentation will be cause for separation.)
Do you have a Valid Driver's license _____ Yes _____ No (DL# _____) Do you have a current CDL _____ Yes _____ No Class _____ No. _____ Has your license been revoked or suspended in the last 5 years? _____ Yes _____ No. If Yes give year and reason: _____
Have you been convicted of a felony in the last 7 years or are you currently charged with the commission of a felony? _____ Yes _____ No. If yes, state what, when and how: (Note: this is for information and does not in itself disqualify you for employment): _____
Military Service: Branch _____ Date Entered _____ Date and type of discharge _____ Indicate specific military experience or training that is job related: _____

The CITY is concerned with your ability to perform the job and will not at this time consider your need for reasonable accommodation. If after viewing your application form, verifying your responses, and conducting necessary interviews or tests, you are considered for the job and would need reasonable accommodation to perform the essential job functions, the parties will explore these alternatives. REMEMBER: The CITY may conduct a pre-employment exam which will determine whether you can do the essential functions of the job without substantial risk to yourself and the public.

In addition, review the attached minimum qualifications and provide us with prior education, work experience, and any relevant training or certificates and licenses that would indicate your knowledge, skills, and abilities to perform the job. Be as specific as possible since you will be screened on what you include regardless of what you might otherwise be able to perform.

EDUCATIONAL RECORD

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma and Degree
			5	6	7	8		
Middle							_____ Yes	
							_____ No	
High			9	10	11	12	_____ Yes	
							_____ No	
College			1	2	3	4	_____ Yes	
							_____ No	
Other							_____ Yes	
							_____ No	

Give name, address and telephone number of three references who are not related to you and are not previous employers.

Name:	Address:	Telephone No.:
Name:	Address:	Telephone No.:
Name:	Address:	Telephone No.:

EMPLOYMENT EXPERIENCE

1. Employer, Address, Phone	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for Leaving:			
2. Employer, Address, Phone	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for Leaving:			
3. Employer, Address, Phone	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for Leaving:			
4. Employer, Address, Phone	Date Started	To	Work Performed
Job Title:	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

May we contact your present Employer? YES _____ NO _____

ADDITIONAL INFORMATION

IF you have any additional information or comments concerning any voluntary experience, any special licenses or training, which would help us, determine your suitability for this position; please use space provided below or an extra sheet of paper if necessary. All attachments must be signed.

Read Carefully Before Signing

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the CITY to investigate any information included in this application and I agree to submit to medical examination if required. I understand that this application is not a contract of employment. I hereby release the CITY and its agents from all liability in making any investigation and inquiry relative to information contained in this application form. I understand that if employed, false or misleading statements given in this application or interview (s) may result in discharge. I understand that I am required to abide by all rules and regulations of the CITY. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Signature of Applicant

Date