

## **Instructions for Employment Application**

1. Use a black ink pen
2. Complete in your own handwriting
3. List your home addresses since your 18<sup>th</sup> birthday
4. List all employers since your 19<sup>th</sup> birthday. Explain if there are any periods when you were not employed
5. Be truthful and explain answers when necessary
6. Answer or respond to all questions or sections on the application
7. Do not use people that are kin to you whether by blood or marriage, for personal reference.
8. Include with your application a copy of birth certificate, high school diploma or GED certificate, social security card, drivers license and discharge papers from military service

# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

\_\_\_\_\_  
Position Applied For Date of Application

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Address Number Street City State Zip

\_\_\_\_\_  
Home Cell Telephone Numbers Social Security Number

Have you ever filed an application with us before? \_\_\_\_\_yes \_\_\_\_\_no

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_yes \_\_\_\_\_no

If yes, give date \_\_\_\_\_

Are you currently employed \_\_\_\_\_yes \_\_\_\_\_no

May we contact your present employer? \_\_\_\_\_yes \_\_\_\_\_no

On what date would you be available for work? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall \_\_\_\_\_yes \_\_\_\_\_no

Can you travel if a job requires it? \_\_\_\_\_yes \_\_\_\_\_no

Are you a United States citizen? \_\_\_\_\_yes \_\_\_\_\_no

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

# EDUCATION

Name & Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

**Indicate any foreign languages you can speak, read and/or write.**

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

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Describe any job-related training received in the United States military.

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

1. \_\_\_\_\_  
Employer Date Started Date Ended

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Address

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Telephone Number Starting Salary Ending Salary

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Job Title Supervisor

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Work Performed

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**Reason for Leaving**

2. \_\_\_\_\_  
Employer Date Started Date Ended

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Address

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Telephone Number Starting Salary Ending Salary

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Job Title Supervisor

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Work Performed

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**Reason for Leaving**

3. \_\_\_\_\_  
Employer Date Started Date Ended

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Address

---

Telephone Number Starting Salary Ending Salary

---

Job Title Supervisor

---

Work Performed

---

**Reason for Leaving**

4. \_\_\_\_\_  
Employer Date Started Date Ended

---

Address

---

Telephone Number Starting Salary Ending Salary

---

Job Title Supervisor

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Work Performed

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Reason for Leaving

## **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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.

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Signature of Applicant

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Date

# ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held:

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## Other Qualifications

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

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## Specialized Skills Check Skills/Equipment Operated

___ CRT	___ Fax	Production/Mobile	Other (list)
___ PC	___ Lotus 1-2-3	Machinery (list)	_____
___ Calculator	___ PBX System	_____	_____
___ Typewriter	___ Word Perfect	_____	_____

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

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## References:

1. \_\_\_\_\_  
Name Phone Number

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## Address

2. \_\_\_\_\_  
Name Phone Number

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## Address

3. \_\_\_\_\_  
Name Phone Number

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## Address

4. \_\_\_\_\_  
Name Phone Number

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## Address

5. \_\_\_\_\_  
Name Phone Number

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## Address

## **RELEASE OF LIABILITY**

I do hereby grant permission for the City of Reform, its agents, officers or employee's to obtain any information pertaining to me, including, but not limited to, employment records, military records, criminal records and any other information available of a personal or public nature. This information will be used to determine my fitness for employment with the City of Reform.

I do also hereby agree to hold harmless from any and all liability any agent, employee, or officer of the City of Reform who gathers this information.

I also hereby agree to hold harmless from any and all liability any person, firm, company, corporation or organization that supplies information or records to the City of Reform.

Further, I request any person, firm, company, corporation or organization having any information public or private pertaining to me to release this information verbally or in writing to the City of Reform, it's agent or employee's.

The above release from liability is binding on all my family, executors or heirs, now or in the future.

Date \_\_\_\_\_

Signature\_\_\_\_\_

Print Name\_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position(s) Applied For is Open: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position(s) Considered For: \_\_\_\_\_

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Date: \_\_\_\_\_

Notes:

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

Notes: