

City of Sargent

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: () _____ Social Security Number: _____
Area Code

If you are employed and you are under 18 can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

Have you ever been employed here before? Yes No

Are you employed now? Yes No May we contact your present employer? Yes No

Are you authorized to work in the United States? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

On what date would you be available to work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Veteran of the U.S. military service? Yes No If Yes, Branch _____

Indicate what foreign languages you speak, read, and/or write.

	Fluently	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

List professional, trade, business or civic activities and offices held.
(Exclude those which indicate race, color, religion, sex or national origin): _____

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

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Disabilities.

The Vietnam-Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Federal Rehabilitation Act of 1973 requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era, and individuals with disabilities. If you are a Vietnam veteran, a disabled veteran, or have a disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, sex or national origin.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name:				
Years Completed:(Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

Honors Received: _____

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

PRE-EMPLOYMENT STATEMENT

I hereby authorize investigation of all statements in this application. I certify that such statements are true and complete to the best of my knowledge. I understand that any misrepresentation of fact in this application, my resume, or any other materials, or during any interviews, can be justification of refusal of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Sargent harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Sargent.

I also agree to such examination by the City of Sargent designated physician as may be required, and agree, if employed, to abide by all regulations of the City of Sargent.

APPLICANT'S SIGNATURE: _____ **DATE:** _____