



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 OR TYPE)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address Number Street City State Zip Code		
Telephone Number(s)		

Best time to contact you at home is:	_____ : _____ AM/PM
If you are less than 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date _____	
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name, relationship and location _____	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment</i>	
Date available for work _____ / _____ / _____	What is your desired salary range? _____
Are you available to work: <input type="checkbox"/> Full Time (Please indicate 1 2 3 shift) <input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (Please indicate dates available ____/____ - ____/____)	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

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

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment.

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

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

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

You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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

	Fluent	Good	Fair
Speak			
Read			
Write			

ADDITIONAL INFORMATION

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

SPECIALIZED SKILLS (Skills/Equipment Operated)

_____ Terminal	_____ Spreadsheet	Production/Mobile Machinery (list)	Other (list)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Typewriter	_____ Shorthand	_____	_____
WPM _____	WPM _____		
<i>State any additional information you feel may be helpful to us in considering your application.</i>			

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ Yes ☐ No

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, that employment is on an *"at-will"* basis, 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 no supervisor or manager has the authority to enter into any agreement with an employee which in any way alters that *"at will"* relationship unless and until such an agreement is acknowledged in writing and executed by the City Manager.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless the Employer and Employee execute a specific document, to that affect, in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if employed by the City of Flatonia I am required to abide by all rules and regulations of the Employer.

I understand that as a conditional offer of employment, I may be required to pass a pre-employment drug screen and provide this organization with a certified copy of my driving record from the Department of Public Safety. The offer for employment will be withdrawn due to an unacceptable drug screen or driving record as determined by the City of Flatonia.

Signature of Applicant

Date

INVESTIGATION AUTHORIZATION

To Whom It May Concern:

I respectfully request and authorize you to furnish the City of Flatonia Police Department any and all information that you may have concerning me, my work record, school record, my reputation, my financial and credit status, criminal history, and/or driving record. This includes any and all records maintained by law enforcement agencies that pertain to me and are accessible by law upon my release. Please include any and all medical, physical, and medical records or reports including all information of a confidential or privileged nature, and Photostats of same, if requested. This information is to be used to assist the City of Flatonia or its Police Department in determining my qualifications and fitness for the position in which I am seeking. I further authorize, if accepted for employment, the City of Flatonia or its Police Department to periodically have the right to investigate my driving record or reputation in any manner during my tenure of employment with the City of Flatonia.

I hereby release you, your organization, the City of Flatonia, and others from any liability or damage, which may result from furnishing the information requested above.

DATE: _____

SIGNED: _____

PRINTED NAME: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: Needed Prior to Employment

PLEASE LIST ALL ADDRESSES FOR WHERE YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS.

1. _____
2. _____
3. _____
4. _____
5. _____