

# PERRY CITY EMPLOYMENT APPLICATION

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume)

POSITION APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

PERSONAL						
PLEASE PRINT USING BALLPOINT PEN						
<b>FULL NAME</b>	FIRST	MIDDLE	LAST			
<b>PRESENT ADDRESS</b>	STREET	CITY	STATE	ZIP	HOW LONG	HOME TELEPHONE #
<b>PREVIOUS ADDRESS</b>	STREET	CITY	STATE	ZIP	HOW LONG	HOME TELEPHONE #
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE CITY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES NAME OF RELATIVE: _____						
HAVE YOU EVER WORKED FOR THE CITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT DEPARTMENT? APPROXIMATE DATE: MO/YR. _____						
HAVE YOU EVER APPLIED AT THE CITY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT POSITION? APPROXIMATE DATE: MO/YR. _____						
HOW WERE YOU REFERRED: _____						

GENERAL INFORMATION							
ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, YOU MAY BE REQUIRED TO PROVIDE AUTHORIZATION TO WORK.)							
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN: _____							
<b>PLEASE CHECK SCHEDULE AVAILABILITY:</b>							
<input type="checkbox"/> I am available, desire to work FULL-TIME (35-40 hours), and do not have restrictions on my hours and days. (Complete Section B.)							
<input type="checkbox"/> I am available and desire to work PART-TIME (If less than 35 hours a week, please complete Sections A & B)							
<b>A.</b> I am only available for PART-TIME because: <input type="checkbox"/> Student <input type="checkbox"/> Other job <input type="checkbox"/> Other (explain) _____							
<b>B. HOURS AVAILABLE</b>	<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>FROM</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>TO</b>	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
WAGE EXPECTED: _____				DATE AVAILABLE FOR WORK? _____			

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EMPLOYMENT HISTORY			
BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)			
NAME OF EMPLOYER:		TELEPHONE NUMBER: (    )	
FULL ADDRESS (Including Street, City, State & Zip)		SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED		RATE OF PAY	
FROM (MO/DY/YR)	TO (MO/DY/YR)	BEGINNING	FINAL
LIST DUTIES PERFORMED, SKILLS USED, TRAINING RECEIVED, ADVANCEMENTS, PROMOTIONS, AND/OR OTHER EXPERIENCE			
NAME OF EMPLOYER:		TELEPHONE NUMBER: (    )	
FULL ADDRESS (Including Street, City, State & Zip)		SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED		RATE OF PAY	
FROM (MO/DY/YR)	TO (MO/DY/YR)	BEGINNING	FINAL
LIST DUTIES PERFORMED, SKILLS USED, TRAINING RECEIVED, ADVANCEMENTS, PROMOTIONS, AND/OR OTHER EXPERIENCE			
NAME OF EMPLOYER:		TELEPHONE NUMBER: (    )	
FULL ADDRESS (Including Street, City, State & Zip)		SUPERVISOR'S NAME AND TITLE	
DATES EMPLOYED		RATE OF PAY	
FROM (MO/DY/YR)	TO (MO/DY/YR)	BEGINNING	FINAL
LIST DUTIES PERFORMED, SKILLS USED, TRAINING RECEIVED, ADVANCEMENTS, PROMOTIONS, AND/OR OTHER EXPERIENCE			

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FULL ADDRESS (Including Street, City, State & Zip)		SUPERVISOR'S NAME AND TITLE	
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FROM (MO/DY/YR)	TO (MO/DY/YR)	BEGINNING	FINAL
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EDUCATION					
TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS
List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service, which you would like considered in connection with your application.

ATTENDANCE AND PUNCTUALITY INFORMATION
Consistent attendance and punctuality are essential requirements of every job with this city. Is there anything that would interfere with your regular attendance and punctuality If you were offered a job with the city? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:

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PERSONAL OR BUSINESS REFERENCES	
NAME:	OCCUPATION BUSINESS PHONE (    )
HOME ADDRESS	TITLE/RELATIONSHIP
HOME PHONE (    )	HOW LONG KNOWN
NAME:	OCCUPATION BUSINESS PHONE (    )
HOME ADDRESS	TITLE/RELATIONSHIP
HOME PHONE (    )	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT
PLEASE READ BEFORE SIGNING
<p><b>I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.</b></p> <p>Questions regarding this statement should be directed to any employment interview before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.</p> <p>It is the policy of the city to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any other characteristic protected by Federal, State or Local law.</p> <p>I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I release the employer from all liability that might result from making an investigation.</p> <p>If hired, I agree to abide by all of the city rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice at anytime, at the option of either the city or me during my probation period. I further understand that no representation, whether oral or written by any representative or agent of the City, at any time, can constitute a contract of employment. I understand that the City and all Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the city has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Mayor and Council, or to make any agreement contrary to the foregoing.</p> <p>I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.</p> <p>APPLICANT SIGNATURE _____</p> <p>DATE _____</p>