

CITY OF GORMAN

Employment Application

APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City			State			ZIP					
Phone			E-mail Address								
Date Available		Desired Salary			Social Security Number						
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you been convicted of a misdemeanor within the past 2 years?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when?				
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain				
EDUCATION											
High School			Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College			Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other			Address								
From	To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES											
<i>Please list three professional references.</i>											
Full Name			Relationship				Company			Phone	
Address											
Full Name			Relationship				Company			Phone	
Address											
Full Name			Relationship				Company			Phone	
Address											

PREVIOUS EMPLOYMENT

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____

Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

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Address _____ Supervisor _____

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Address _____ Supervisor _____

Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____

Responsibilities _____

From _____ To _____ Reason for Leaving _____

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, explain _____

LICENSURE

License number: _____ Expiration Date: _____

Has your license ever been revoked or suspended? _____

If yes, state reason(s), date of revocation/suspension and date of reinstatement: _____

Authorization and Acknowledgement: Please read carefully and sign below.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Initials_____

I hereby authorize the City of Gorman to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the City of Gorman any and all letter, reports and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release the City of Gorman, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. Initials_____

If I am offered a position with the City of Gorman, I agree that on my first day of employment, I will bring documents verifying my legal authorization to work in the United States. (Federal law requires that you provide proof that you have applied for the required documents within the first three (3) days of employment and that you provide the actual documents within the first ninety (90) days of employment). Initials_____

I understand that I am required to abide by the policies and guidelines established by the City of Gorman. Initials_____

I understand that nothing contained in the application or conveyed during any interview that may be granted or during my employment, if hires, is intended to create an employment contract between me and the City of Gorman. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the City of Gorman, and that no promises or representations contrary to the foregoing are binding on the City of Gorman unless made in writing and signed by me and the City of Gorman's designated representative. Initials_____

I certify that I have read, understand and agree to the above information and to the best of my knowledge and belief; the information on this application is true and correct.

Signature:_____

Date:_____