

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of Business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _____
Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40
Reason for Leaving _____
Complete description of duties _____

3. Next Most Recent Position: _____

Dates of Employment: From (mo/yr) _____ to (mo/yr) _____ Total years _____
Job Title _____ Starting Salary _____ Last Salary _____
Employer _____ Type of Business _____
Employer's Address _____ Phone _____
Supervisor's Name and Title _____
Number of employees you supervised _____
Average hours worked per week _____ 1-10 _____ 11-20 _____ 21-30 _____ 31-40
Reason for Leaving _____
Complete description of duties _____

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my applications, I may be refused employment or, if employed, I may be terminated.
2. The City has my authorization to thoroughly investigate my work, medical and personal history that is job-related. I will hold no person, corporation or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Any doctor, hospital or testing laboratory may conduct medical tests and I hereby give my consent to having all information released necessary for the city to determine my abilities to perform job duties now or in the future.
5. Passing the pre-employment physical examination including a drug and alcohol screening test may be a prerequisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement. Failure to provide accurate medical information will be considered grounds for dismissal.
6. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any consideration for employment on a basis prohibited by local, state, or federal law.
7. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary and benefits earned as of the date of termination.
8. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.
9. This application is current and active for only the position applied for and it will be necessary for me to fill out a new application for other positions that may be available.

Signature: _____ Date _____