



- EXPERIENCE:
- 1) List all work experience for the last five years beginning with your most recent position first. If you have held more than one job with the same employer, list each job separately. Be sure to include all positions which relate to the position for which you are applying regardless of the date held.
  - 2) **You must clearly show that you meet the minimum experience requirements on this application form.** Responses such as, "SEE ATTACHED RESUME" and "UNKNOWN" are not acceptable and will be grounds for rejection of your application.
  - 3) Additional sheets may be attached if necessary. Be specific in detailing Job Title, Employment Dates, Hours Worked and Description of Duties

|  |  |
|--|--|
| Job Title: _____<br>Employer Name, Address & Phone #<br>_____<br>_____<br>Supervisor _____<br>Dates Employed: Monthly Salary \$<br>From ____ - ____ - ____ to ____ - ____ - ____<br>Hours Worked per Week: _____ | Duties: _____<br>_____<br>_____<br>_____<br>_____<br>Reason For Leaving: _____ |
|--|--|

|  |  |
|--|--|
| Job Title: _____<br>Employer Name, Address & Phone #<br>_____<br>_____<br>Supervisor _____<br>Dates Employed: Monthly Salary \$<br>From ____ - ____ - ____ to ____ - ____ - ____<br>Hours Worked per Week: _____ | Duties: _____<br>_____<br>_____<br>_____<br>_____<br>Reason For Leaving: _____ |
|--|--|

|  |  |
|--|--|
| Job Title: _____<br>Employer Name, Address & Phone #<br>_____<br>_____<br>Supervisor _____<br>Dates Employed: Monthly Salary \$<br>From ____ - ____ - ____ to ____ - ____ - ____<br>Hours Worked per Week: _____ | Duties: _____<br>_____<br>_____<br>_____<br>_____<br>Reason For Leaving: _____ |
|--|--|

Please identify and explain all periods of unemployment during the last five years.

| From  | To    | Reason for Unemployment |
|-------|-------|-------------------------|
| _____ | _____ | _____                   |
| _____ | _____ | _____                   |

I do **NOT** wish my present employer to be contacted.

I hereby certify that all information contained in this application is true and complete. I also understand that the information I have provided will be verified by the City, and that any false statement, omission or incomplete information may be cause for rejection of my application or discharge from employment. I understand that any offer of employment is contingent upon my meeting the physical screening standards established for this position which will include a physical assessment, drug/alcohol screening and completion of a medical questionnaire; I will be required to show proof of citizenship or the legal right to work in the United States of America; and if under age 18 I will be required to provide a work permit.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

|                                   |            |                        |                |
|-----------------------------------|------------|------------------------|----------------|
| <b>OFFICE USE ONLY</b>            |            |                        |                |
| APPROVED <input type="checkbox"/> | DATE _____ | DATE NOTICE SENT _____ | COMMENTS _____ |
| REJECTED <input type="checkbox"/> | DATE _____ | BY _____               |                |
| BY _____                          |            |                        |                |

**APPLICANT - PLEASE COMPLETE**

Have you ever been disciplined or discharged for:

- |   |     |    |
|---|-----|----|
| • theft and/or unauthorized removal of employers property, or related offense?              | Yes | No |
| • fighting, assault, or related offenses?   | Yes | No |
| • being under the influence of alcohol or drugs or for possession, use of alcohol or drugs? | Yes | No |
| • insubordination?  | Yes | No |

If the answer is "yes" to any of the above, please explain.

\_\_\_\_\_

\_\_\_\_\_

I certify that all of the information on this form is complete and true to the best of my knowledge. I understand that any false statement is cause for immediate disqualification or dismissal.

\_\_\_\_\_  
SIGNATURE