

APPLICATION FOR EMPLOYMENT

CITY OF MAYVILLE

An Equal Opportunity Employer

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Present Street Address			Apartment/Unit #
City	State		ZIP
Permanent Street Address			Apartment/Unit #
City	State		ZIP
Phone		Social Security Number	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you wish to have your identity revealed to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT DESIRED		
Position	Date you can start	Salary Desired
Are you employed now? If so, may we inquire of your present employer?		
Have you ever applied to the City?	Where?	When?
Have you ever worked for the City?	Where?	When?
Reason for leaving		
Name of the last Supervisor at the City (If Applicable)		
Who referred you to this City? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Other <input type="checkbox"/> State Employment Office <input type="checkbox"/> Service <input type="checkbox"/> Walk-In <input type="checkbox"/> Friend		

EDUCATION				
School Level	Name & Location of School	Number of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade, Business, or Corres. School				

GENERAL	
Subjects of Special Study or Research Work	
Special Training	
Special Skills	

SERVICE RECORD		
Branch of Service	Discharge Date	Rank
Present Membership in National Guard or Reserves	Date Obligation Ends	

PREVIOUS EMPLOYMENT (List below the last three employers, starting with the last one first)	
Name of Present or Previous Employer	Job Title
Street Address	City, State, ZIP
Starting Date (Month & Year)	Leaving Date (Month & Year)
Starting Salary \$	Final Salary \$
Name & Title of Supervisor	Phone
May we contact your current or previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work	
Reason for Leaving	

Name of Employer	Job Title
Street Address	City, State, ZIP
Starting Date (Month & Year)	Leaving Date (Month & Year)
Starting Salary \$	Final Salary \$
Name & Title of Supervisor	Phone
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work	
Reason for Leaving	

Name of Employer	Job Title
Street Address	City, State, ZIP
Starting Date (Month & Year)	Leaving Date (Month & Year)
Starting Salary \$	Final Salary \$
Name & Title of Supervisor	Phone
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Work	
Reason for Leaving	

REFERENCES (Give below the names of three persons not related to you, whom you have known at least one year)			
Name	Address	Phone Number	Years Acquainted

AUTHORIZATION	
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.</p> <p>If I am considered to be a final candidate for this position, I understand that City records revealing my name will be open to the public for inspection.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.</p>	
Date	Signature

SPECIAL QUESTIONS

DO NOT answer **ANY** of the questions in this framed area unless the employer has **checked** **a box preceding** a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national Security Laws, or is needed for other legally permissible reasons.

Height _____ Feet _____ Inches Date of Birth* _____

Weight _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

What foreign languages do you speak fluently? _____

Read _____ Write _____

Have you been convicted of a felony or misdemeanor within the last 5 years? Yes No

Describe _____

I understand that I may be required to take:

Physical examination, drug or other test(s) as a condition of hiring, or continued employment. I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).

Yes No

* You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Do you have a current Commercial Driver's License (CDL)? Yes No

ADDITIONAL QUESTIONS FOR EMT APPLICATIONS

Have you ever worked as an EMT before? Yes No

If yes, provide name of supervisor.

Supervisor's Phone

Are you currently employed as an EMT? Yes No

If yes, provide name of supervisor.

Supervisor's Phone