

CITY OF CARROLL _____

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE

Date: _____

Name: _____ Social Sec. No.: _____

Have you ever used another name: Yes No

Street: _____ How long? _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

How were you referred to us? Newspaper ad School On my own

Current Employee Agency Other

Name of referral source? _____

Please note: This application form was designed for use by applicants for various positions -- clerical, professional, technical, administrative and manual. Answer the questions to the best of your ability. All information will be treated confidentially.

TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: Full time; Part time; Temporarily?

If part time, specify hours or days: _____

What is your minimum weekly salary requirement? _____

Date available for work _____

Do you have any commitments to another employer that might affect your employment with the City?

SKILLS

Typing _____ WPM; Steno _____ WPM; Transcribe machine dictation Yes No

Machines you can operate: _____

Licenses or Certificates: _____

Do you have a valid drivers license? Yes No Lic. No.: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade, Bus., Night, or Corres.			
Other			

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? Yes No

If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation _____

Briefly describe your duties _____

EMPLOYMENT HISTORY

List present employer or most recent employer first (use other side of this application, if necessary). May we contact these employers? Yes No

Employer	Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name
Address		Your Job Title
Telephone		
Your Salary		Duties:
Start	End	

Reason for Leaving _____

Employer	Employed	Supervisor's Name
Address		Your Job Title
Telephone		
	From _____ Mo./Yr.	
	To _____ Mo./Yr.	

Your Salary		Duties:
Start	End	

Reason for Leaving _____

Employer	Employed	Supervisor's Name
Address		Your Job Title
Telephone		
	From _____ Mo./Yr.	
	To _____ Mo./Yr.	

Your Salary		Duties:
Start	End	

Reason for Leaving _____

Employer	Employed	Supervisor's Name
Address		Your Job Title
Telephone		
	From _____ Mo./Yr.	
	To _____ Mo./Yr.	

Your Salary		Duties:
Start	End	

Reason for Leaving _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? Yes No

Are you below the age of 18? Yes No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No If yes, explain _____

Have you ever been convicted of a criminal offense? _____ Date _____ Place _____

Nature: _____ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you ever had your drivers license suspended or revoked? Yes No

Have you previously applied for employment by this City? Yes No If yes, when?

Have you previously been employed by this City? Yes No If yes, when? _____

REFERENCES (Not employers or relatives - at least three)

Name and Address	Occupation	Phone

Names of relatives employed by City: _____

Person to be notified in case of emergency:

Name _____ Telephone _____

Address _____

Please include any other information you think would be helpful in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

AGREEMENT (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City or myself. I understand that no administrative official of the City has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date