

If yes, please explain:

Are you a veteran? Yes* ___ No ___

*Complete and attach form DD 214 or 215 to this application. If applicable, disabled veterans may also submit a copy of a disability preference letter.

EDUCATION AND TRAINING

Did you graduate from high school or receive an equivalent diploma: Yes ___ No ___

Name of college or university you attended, if any:

From (mo/yr): _____ To (mo/yr): _____ Year of graduation: _____

Major: _____ Minor: _____

Certificates, degrees, etc. earned: _____

Name of college or university you attended, if any:

From (mo/yr): _____ To (mo/yr): _____ Year of graduation: _____

Major: _____ Minor: _____

Certificates, degrees, etc. earned: _____

Name of college or university you attended, if any:

From (mo/yr): _____ To (mo/yr): _____ Year of graduation: _____

Major: _____ Minor: _____

Certificates, degrees, etc. earned: _____

Please identify below any special training, licenses, and/or certificates, any experience with machines, office equipment, and/or languages, and any other special skills pertinent to the position for which you are applying:

A job description for the position(s) for which you are applying has been provided. Are you able to perform the essential job functions required of the position with or without reasonable accommodation(s)? Yes ___ No ___

WORK EXPERIENCE

List below all work experience for the past 10 years, paid or unpaid, beginning with your most recent job, including military, volunteer, and other jobs. Attach additional pages if necessary.

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Specific Duties:

Reason for Leaving:

May we contact this employer: Yes ___ No ___

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Specific Duties:

Reason for Leaving:

May we contact this employer: Yes ___ No ___

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Specific Duties:

Reason for Leaving:

May we contact this employer: Yes _____ No _____

Employer: _____ Job Title: _____

Supervisor's Name and Title: _____

From (mo/yr): _____ To (mo/yr): _____ Full Time: _____ Part Time: _____

Specific Duties:

Reason for Leaving:

May we contact this employer: Yes _____ No _____

Have you ever been terminated from a job or asked to resign: Yes _____ No _____

If yes, please explain:

REFERENCES

Name:

Relationship:

Address:

Telephone Number:

Name:

Relationship:

Address:

Telephone Number:

Name:

Relationship:

Address:

Telephone Number:

Name:

Relationship:

Address:

Telephone Number:

Name:

Relationship:

Address:

Telephone Number:

Name:

Relationship:

Address:

Telephone Number:

SUPPLEMENTALS TO THIS APPLICATION MAY BE NECESSARY (AND BECOME PART OF THIS APPLICATION). THESE SUPPLEMENTALS CONCERN CRIMINAL BACKGROUND CHECKS AND CREDIT CHECKS. PLEASE INQUIRE WHETHER ANY SUPPLEMENTALS ARE NECESSARY IN CONNECTION WITH YOUR APPLICATION.

APPLICANT CERTIFICATION AND ACKNOWLEDGMENT

Please initial next to each paragraph and sign where indicated below.

_____ I certify that all statements made in connection with this application (whether contained herein (and/or in any supplements) or made by me or others at my request during the course of the employment process) are true and complete in all respects. I acknowledge and agree that any incorrect, incomplete, false, fraudulent, or misleading statements made by me, either verbally or in writing, and/or any omission, concealment, or failure to answer any question fully, completely, and accurately, whether made by me or others at my request, will result in rejection of this application, denial of employment, or termination from employment if discovered after employment. If I am employed by City, I agree to comply with its lawful orders, rules, policies, and regulations.

_____ I authorize the investigation of all matters which City deems relevant to my qualifications for employment, including, without limitation, work records, reference checks, education, and an investigation into my driving record. I authorize and request that all my present and former employers, references, educational institutions, and any others to furnish and release information about me, my employment record, and/or education, including a statement of reasons for the termination of my employment and information regarding my work performance, disciplinary reports or actions, abilities, degrees obtained, transcripts, licenses and certifications, and other qualities and information City deems pertinent to my qualifications for employment. By signing below, I release City (and all providers of information) from all claims and/or liabilities arising out of or in any way connected with City's background investigation. If employed, I release City from any claims and/or liabilities for future references it may provide regarding my work history and performance with City.

_____ I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States as a condition of employment.

_____ I understand that, if employed, my employment relationship with City will be at-will. Therefore, subject to applicable law, my employment may be terminated (and I may voluntarily resign) at any time, for any reason or no reason, with or without cause or prior notice. Nothing contained in this application, or provided in connection herewith, will be construed as an offer or promise of employment, nor does this application create an employment contract or guarantee that employment or any benefit will be provided or continued for any period of time. By signing below, I hereby affirm the foregoing and all other contents of this application. My signature below certifies that I have read and understand this application and agree to the terms and conditions contained in this application.

Applicant's Signature _____ Date _____

FOR MANAGEMENT USE ONLY	
Date Application Received:	_____
Supplemental to Application Required:	Yes ___ No ___
Arrange Interview:	Yes ___ No ___ Date: _____
Employ:	Yes ___ No ___ Date of Employment: _____ Job Title: _____

“The City of Sodaville is an equal opportunity provider and employer.”