

CITY OF CASEVILLE
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER

As required by law, the City of Caseville (the "City") does not discriminate in hiring or employment on the basis of race, color, religion, national origin, handicap, sex, age, height, weight, genetic information, or other legally protected characteristic.

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. The City reserves its right to withdraw any offer of employment at any time. Similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resume, you may attach it to this application. In addition, you must complete this application and answer **all** questions, even those which relate to information on your resume. Please be sure that all of your answers on this application are complete, correct, and truthful. You should understand that any omission of relevant information, any false or misleading statement, or any failure to disclose facts which if known might reflect unfavorably on this application, may result in dismissal even after you are employed.

Please answer every question and hand write in ink. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

Today's Date: _____

SECTION 1: PERSONAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ EMail: _____

Are you 18 years old or older? ☐ YES ☐ NO

Are you eligible to work in the U.S.? ☐ YES ☐ NO

Emergency Contact(s): _____ Phone: _____

Emergency Contact Address: _____

Have you ever plead "no contest" to or been convicted of theft, shoplifting, robbery, embezzlement, forgery, perjury, tax evasion, or any other crime involving dishonesty? ☐ Yes ☐ No If yes, explain: _____

Are you currently under indictment, arraignment, or charged with a felony? ☐ Yes ☐ No If yes, explain: _____

SECTION 2: EMPLOYMENT DESIRED

Position(s) you are applying for: 1) _____ 2) _____

Date available to start: _____ Desired Salary: _____

Type of work sought: ☐Part-Time ☐Full-Time ☐Seasonal ☐InternshipHave you ever applied to the City before? ☐Yes ☐No When? _____

Referred by: 1) _____ 2) _____

SECTION 3: EDUCATION – *Please complete even if attaching a resume*

SCHOOL	NAME/LOCATION OF SCHOOL	NO YRS COMPLETED	DID YOU GRADUATE?	MAJOR/DEGREE
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Other School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any computer software you are proficient with (i.e. Word, Excel, Access, PowerPoint, BSA, GIS):

List any special skills, licenses, certifications, or knowledge applicable to the position you are seeking:

Activities (Civic, Athletic, Etc) - *Exclude organizations, the name of which indicates the race, creed, sex age, marital status, genetic information, color or nation of origin of its members.*

SECTION 4: EMPLOYMENT AND EXPERIENCE – *Do not state “see resume.” Please complete even if attaching a resume.*

US Military service dates: _____ to _____ Rank: _____

Present membership in National Guard or Reserves? ☐ Yes ☐ No

Employers (List below last four employers, **starting with most recent/current**)

Employer:			Date Started:	Starting Pay:	Reason for Leaving:
Address:	City:	State:			
Supervisor:	Department:	Phone:	Date Left:	Ending Pay:	
Your job responsibilities:					
<div style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>					
Are you presently employed? Yes No If yes, may we contact? Yes No					

Employer:			Date Started:	Starting Pay:	Reason for Leaving:
Address:	City:	State:			
Supervisor:	Department:	Phone:	Date Left:	Ending Pay:	
Your job responsibilities:					
<div style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>					
Are you presently employed? Yes No If yes, may we contact? Yes No					

Employer:			Date Started:	Starting Pay:	Reason for Leaving:
Address:	City:	State:			
Supervisor:	Department:	Phone:	Date Left:	Ending Pay:	
Your job responsibilities:					
<div style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>					
Are you presently employed? Yes No If yes, may we contact? Yes No					

Employer:			Date Started:	Starting Pay:	Reason for Leaving:
Address:	City:	State:			
Supervisor:	Department:	Phone:	Date Left:	Ending Pay:	
Your job responsibilities:					
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job? ☐ Yes ☐ No If yes, what job and why?

May the City of Caseville contact these employers? ☐ Yes ☐ No

Which of these jobs did you like the best? _____

What did you like most about this job?

SECTION 5: REFERENCES

Give names of **three work related references**, not related to you, whom you have known at least **one (1) year**. *Please complete all information.*

NAME	ADDRESS	PHONE #	YEARS AQUAINTED / RELATIONSHIP

SECTION 6: AUTHORIZATION AND WAIVER

As part of my employment application filed with the City, I have listed my former and/or current employers, as well as additional references. I authorize each former or current employer and each additional reference to communicate directly with the City relative to my employment record and any other relevant information which would or could have a bearing on my ability or inability to adequately perform for the City the job for which I have applied.

I understand and agree that the City of Caseville may conduct a criminal conviction record check (including but not limited to a driving conviction record check) in connection with my application for employment. By signing below I hereby consent to such record checks and authorize the release of such records.

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may also be rejected and, if I am employed, my employment may be terminated. In consideration of my employment, I agree to conform to the City's policies and procedures.

I certify that I have read and understand the provisions of this application. My questions concerning the application, if any, have been asked and answered to my satisfaction.

For purposes of this authorization and waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name (Please print legibly)

Applicant Signature

Date