



# CITY OF WOODCREEK

## APPLICATION FOR EMPLOYMENT

*EQUAL OPPORTUNITY  
EMPLOYER*

**NOTE TO APPLICANT:** Complete the entire application. You may attach a resume, but you must still complete all questions. Please fill out each box (do not indicate "See Resume"). Failure to complete the application will result in non-consideration.

Date of Application: \_\_\_\_\_

Job Posting Number: \_\_\_\_\_

### **PERSONAL**

<b>Name:</b>		<b>Social Security Number:</b>	
(Last)	(First)	(Middle)	
<b>Present Address:</b>			
(Street)		(City)	(State) (Zip)
<b>Permanent Address:</b>			
(Street)		(City)	(State) (Zip)
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Other Contact Number:</b>	
<b>In Case of Emergency Notify:</b>			
(Name)	(Address)	(Phone)	(Relationship)
<p><b>THE FOLLOWING QUESTIONS ARE INFORMATION THAT IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.</b></p>			
Are You 18 Years Or Older?		Can you, after being hired, verify your legal right to work in the United States?	
YES	NO	YES	NO
Are You Prevented From Lawfully Becoming Employed In This City Because Of VISA Or Immigration Status?		YES	NO
<b>Proof Of Citizenship Or Immigration Status Will Be Required Upon Employment</b>			
Are You A Veteran Of The U.S. Armed Forces?		Have You Ever Been Employed By The City of Woodcreek?	
YES	NO	YES	NO
If Yes, Branch			
Rank:			
Dates of Active Duty:		Date: From: To:	
Have You Ever Been Convicted of A Felony?		Are You Related By Blood Or Marriage To Any Current City of Woodcreek Employee or Elected Official?	
YES	NO	YES	NO
If Yes, Date:			
Place		If Yes, Name	
Describe:		Relationship	
What Languages Do You Speak Fluently?			

## FORMER EMPLOYERS

List all employers for the past 10 years (may continue on attachment). Include your current employer. List at least three employers (may go back past 10 years). List most recent employment first.

Name And Address Of Present Or Last Employer

Dates of Employment :  
From Mo./Yr. To Mo./Yr. Position:

Supervisor Name: Supervisor Title:

May We Contact Your Employer? YES NO  
Contact Name: Contact Phone:  
Ending Salary \$ PER

Position Description/Duties:

Reason For Leaving:

Name And Address Of Past Employer

Dates of Employment :  
From Mo./Yr. To Mo./Yr. Position:

Supervisor Name: Supervisor Title:

May We Contact Your Employer? YES NO  
Contact Name: Contact Phone:  
Ending Salary \$ PER

Position Description/Duties:

Reason For Leaving:

Name And Address Of Past Employer

Dates of Employment :  
From Mo./Yr. To Mo./Yr. Position:

Supervisor Name: Supervisor Title:

May We Contact Your Employer? YES NO  
Contact Name: Contact Phone:  
Ending Salary \$ PER

Position Description/Duties:

Reason For Leaving:

## FORMER EMPLOYERS

Name And Address Of Past Employer			
Dates of Employment : From Mo./Yr.		To Mo./Yr.	Position:
Supervisor Name:		Supervisor Title:	
May We Contact Your Employer?	YES	NO	Contact Phone:
Contact Name: Ending Salary \$		PER	
Position Description/Duties:			
Reason For Leaving:			
Name And Address Of Past Employer			
Dates of Employment : From Mo./Yr.		To Mo./Yr.	Position:
Supervisor Name:		Supervisor Title:	
May We Contact Your Employer?	YES	NO	Contact Phone:
Contact Name: Ending Salary \$		PER	
Position Description/Duties:			
Reason For Leaving:			
Name And Address Of Past Employer			
Dates of Employment : From Mo./Yr.		To Mo./Yr.	Position:
Supervisor Name:		Supervisor Title:	
May We Contact Your Employer?	YES	NO	Contact Phone:
Contact Name: Ending Salary \$		PER	
Position Description/Duties:			
Reason For Leaving:			

**EMPLOYMENT DESIRED**

<b>Date You Can Start:</b>	<b>Salary Desired:</b>
<b>Job Title of Position(s) Desired:</b>	
<b>Type of Position Desired:</b> <i>Regular Full-Time</i> <i>Temporary Full-Time</i> <i>Regular Part-Time</i> <i>Temporary Part-Time</i>	
<b>Specify Days Of The Week And Number Of Hours Preferred:</b>	
<b>Will You Work Irregular Hours?</b> YES            NO	

**EDUCATION AND TRAINING RECORD**

Schools Attended	School Name, City, State	DID YOU GRADUATE?	TYPE OF DEGREE	MAJOR
High School Last Attended				
College, University, Technical School				
College, University, Technical School				
List Academic Honors, Scholarships, Etc. That You Feel Are Significant And Relevant To Employment:				
List All Professional Licenses/Certifications:				
Type:	State:	Date Expires:	Number:	
List All Subjects of Special Study Or Training That You Feel Are Significant and Relevant to Employment:				
List three persons other than relatives who have knowledge of your work experience or education.				
NAME	ADDRESS	PHONE	YEARS ACQUAINTED	

**APPLICANT'S STATEMENT**

I certify that all information included in this application packet is true and correct to the best of my knowledge. I authorize the City of Woodcreek to investigate all information contained in this packet to the extent it deems necessary in arriving to an employment decision. This application will be considered for a period not to exceed 90 days. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship is of an "AT WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document including personnel or employee handbook, or by any verbal agreement. I understand that false or misleading information given in my application package or interview may result in my removal from consideration from employment or if after employment it may result in discipline or discharge. I also understand that I am required to abide by all rules and regulations of the employer in the event of employment. I understand that no person shall be denied employment with the City of Woodcreek on the basis of any legally prohibited discrimination involving, but not limited to, race, color, creed, religion, gender, national origin, age, disability, marital status, veteran status, sexual orientation or any other legally protected status.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Applicant's Authorization To Release Information

An as applicant for a position with the City of Woodcreek, I hereby authorize employers and/or educational institutions to release information concerning my work and educational history. The information obtained will only be used in determining my qualifications for the position applied.

You may release or verify the following information:

- Any Information requested
- Past Employers
- Salary History
- Dates of Employment
- Positions Held
- Duties and Responsibilities
- Reasons for Leaving
- Eligibility for Rehire
- Drug and Alcohol Testing Records

Educational Institutions:

- Years of Attendance
- Degree Obtained
- Transcript

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Signature

Date

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Print Name

Social Security Number

## City of Woodcreek Equal Opportunity Data Sheet

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ SSN : \_\_\_\_\_

1. Completion of this section is ***strictly voluntary***. The information will be used to accommodate Equal Employment Opportunity tracking and reporting requirements.

**Ethnic Origin:**

- Asian
- Black
- Hispanic
- American Indian
- Caucasian
- Other

**Gender:**

- Male
- Female

**Veteran:**

- No
- Vietnam
- Other

2. Completion of this section is ***strictly voluntary***. The information will be used to determine if reasonable accommodation circumstances exist.

**Disabled:**

Yes

No