



# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
LAST FIRST M.I.

SSN \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET MAILING

DOB \_\_\_\_\_

\_\_\_\_\_  
CITY STATE ZIP

PHONE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

## GENERAL

1. ARE YOU CURRENTLY EMPLOYED WITH THE CITY OF OILTON?  YES  NO
2. ARE YOU AVAILABLE TO WORK EVENING AND WEEKENDS IF NECESSARY?  YES  NO
3. HAVE YOU EVER BEEN DISMISSED OR FIRED FOR ANY REASON?  YES  NO
4. HAVE YOU RESIGNED FROM OR QUIT A POSITION WHILE UNDER INVESTIGATION OR AFTER BEING INFORMED THAT DISCIPLINE WOULD BE TAKEN AGAINST YOU, OR DURING AN APPEAL OF A DISCIPLINARY ACTION?  YES  NO
5. ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?  YES  NO

### EXPLANATIONS

*PROVIDE DETAILS FOR ANY QUESTIONS ANSWERED "YES" ABOVE*

6. DO YOU POSSESS A VALID DRIVER'S LICENSE?  YES  NO
7. DO YOU HAVE ANY RELATIVES WHO WORK FOR THE TOWN OF OILTON?  YES  NO

# EDUCATION

1. WHAT IS THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED?

- HS DIPLOMA/GED    
  SOME COLLEGE    
  TECHNICAL CERTIFICATION  
 ASSOCIATE DEGREE    
  BACHELORS DEGREE    
  MASTERS DEGREE

NAME AND LOCATION OF INSTITUTION	AREA OF STUDY	DATE COMPLETED	DEGREE/CERTIFICATE OBTAINED

2. LIST BELOW ANY VALID LICENSES AND CERTIFICATES OF PROFESSIONAL OR VOCATIONAL COMPETENCE RELEVANT TO THIS APPLICATION.

LICENSE/CERTIFICATE	LICENSE/CERTIFICATE NUMBER	EXPIRATION DATE

# EMPLOYMENT HISTORY

STARTING WITH THE MOST RECENT, DESCRIBE ALL PAID, MILITARY, AND APPLICABLE VOLUNTEER EXPERIENCE. IF YOU DO NOT HAVE ADEQUATE SPACE ON THIS FORM TO PROVIDE A COMPLETE WORK HISTORY, PLEASE ATTACH A RESUME.

FROM	TO	JOB TITLE	
HOURS/WEEK		NAME OF COMPANY/ORGANIZATION	
SALARY EARNED \$                      PER		ADDRESS	PHONE
DUTIES			
REASON FOR LEAVING			

FROM	TO	JOB TITLE	
HOURS/WEEK		NAME OF COMPANY/ORGANIZATION	
SALARY EARNED \$ PER		ADDRESS	PHONE
DUTIES			
REASON FOR LEAVING			

FROM	TO	JOB TITLE	
HOURS/WEEK		NAME OF COMPANY/ORGANIZATION	
SALARY EARNED \$ PER		ADDRESS	PHONE
DUTIES			
REASON FOR LEAVING			

FROM	TO	JOB TITLE	
HOURS/WEEK		NAME OF COMPANY/ORGANIZATION	
SALARY EARNED \$ PER		ADDRESS	PHONE
DUTIES			
REASON FOR LEAVING			

## REFERENCES

PLEASE LIST THREE PROFESSIONAL REFERENCES THAT KNOW ABOUT YOUR QUALIFICATIONS

NAME	ADDRESS	PHONE	RELATIONSHIP

MAY WE CONTACT YOUR CURRENT EMPLOYER?

YES  NO

## MISCELLANEOUS

WHEN WILL YOU BE ABLE TO START WORK? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?

ADVERTISEMENT IN:

SOCIAL MEDIA

FRIEND OR FAMILY MEMBER

CURRENT EMPLOYEE

## CRIMINAL HISTORY

1. HAVE YOU EVER BEEN CONVICTED AS AN ADULT, OR ADJUDICATED AS A JUVENILE OFFENDER, OF ANY CRIMINAL OFFENSE BY EITHER A CIVILIAN OR MILITARY COURT, OTHER THAN MINOR TRAFFIC VIOLATIONS?  YES  NO
2. ARE YOU CURRENTLY FACING CHARGES FOR ANY OFFENSE OR ON PROBATION OR PAROLE?  YES  NO

IF YOU ANSWERED "YES" TO EITHER OF THE QUESTIONS ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DATE \_\_\_\_\_ PLACE \_\_\_\_\_

CHARGE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_

PHONE \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

STATE

ZIP

## NOTICES

- IF THE CITY OF OILTON EMPLOYS YOU, YOU WILL BE REQUIRED TO ESTABLISH YOUR IDENTITY AND AUTHORIZATION TO WORK IN THE UNITED STATES, AS REQUIRED BY THE IMMIGRATION REFORM AND CONTROL ACT.
- THE CITY OF OILTON IS A DRUG FREE WORKPLACE. YOU MAY BE REQUIRED TO COMPLETE A DRUG TEST PRIOR TO EMPLOYMENT.
- THE CITY OF OILTON IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS FOR EMPLOYMENT SHALL BE AFFORDED EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISABILITY, GENDER, MARITAL STATUS, OR AGE.

## CERTIFICATION

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. I UNDERSTAND THAT ANY MISSTATEMENT, FAILURE TO ANSWER FULLY OR OMISSION OF FACT IN THIS APPLICATION MAY RESULT IN MY NOT BEING CONSIDERED IN THE SELECTION PROCESS OR MAY RESULT IN MY DISMISSAL AFTER HIRE. I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE CITY OF OILTON TO CONTINUE TO EMPLOY ME IN THE FUTURE. FOR DETERMINATION OF MY POTENTIAL EMPLOYMENT ELIGIBILITY, I HEREBY AUTHORIZE THE RELEASE OF EDUCATIONAL, POLICE, CRIMINAL AND EMPLOYMENT INFORMATION PERTINENT TO THE POSITION FOR WHICH I AM APPLYING. I FURTHER AUTHORIZE THE CITY OF OILTON TO RELY UPON AND USE, AS IT SEES FIT, ANY INFORMATION RECEIVED FROM SUCH CONTACTS.

---

NAME

---

SIGNATURE

---

DATE

**PLEASE EMAIL YOUR APPLICATION AND RESUME TO  
CITYCLERK@CITYOFOILTON.COM**