

Application for Employment

INSTRUCTIONS AND INFORMATION (Read Before Completing Application).

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical conditions or handicap.

Applications **must be signed** by the applicant in their own writing. Applications will not be considered unless the application is **complete**.

The City of Buhler reserves the right to require various pre-employment screenings prior to any final offer of employment. These screenings may include, but are not necessarily limited to: driving record; background investigation, including polygraph; and medical, including drug testing. In addition, some positions may require drug testing as a continuing condition of employment.

(PLEASE PRINT CLEARLY)

Date of Application: _____

Position Applied for: _____

Referral Source: Advertisement Friend Relative
 Walk-In Employment Agency Other _____

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ SOCIAL SECURITY #: _____

Have you ever been employed by the City of Buhler? Yes No
If yes, give date and position: _____

Are you available to work:
 Full time Part time Shift work Temporary

On what date would you be available for work? _____

What hours would you prefer to work? _____

Would you accept shift work? Yes No
Do you have any relative(s) working for the City of Buhler? Yes No

If so, who and what is their relationship to you? _____

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain _____

Are you a veteran of the U.S. Military Service? Yes No
If yes, please list branch: _____

Do you have a valid Driver's License? Yes No
If yes, License # _____ State _____

Class A B C D Other _____

I authorize the City of Buhler to request my current Motor Vehicle Registration record.

Signature

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): _____

What type of work would you like to do which best suits your background and experience. _____

Please feel free to add any information which will help us place you in a position where you would be most qualified. _____

Please list three references who are not related to you and are not previous employers:

Name: _____ Address: _____
Phone Number: _____

Name: _____ Address: _____
Phone Number: _____

Name: _____ Address: _____
Phone Number: _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities.

Employer: _____ Telephone #: _____
Address: _____ May we contact: _____
City: _____ Supervisor: _____
State: _____ Zip: _____ Job Title: _____
Work Performed: _____

Reason for Leaving: _____

Dates Employed	
From	To
Rate of Pay	
Starting	Final

Employer: _____ Telephone #: _____
Address: _____ May we contact: _____
City: _____ Supervisor: _____
State: _____ Zip: _____ Job Title: _____
Work Performed: _____

Reason for Leaving: _____

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From	To
Rate of Pay	
Starting	Final

Education

Name of School	Years Completed	Degree
Elementary School: _____	4 5 6 7 8	_____
High School: _____	9 10 11 12	_____
College/University: _____	1 2 3 4	_____
Graduate/Professional: _____	1 2 3	_____

Describe Course of Study: _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities: _____

State any additional information you feel may be helpful to us in considering your application: _____

Applicant Data Record

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT CLEARLY)

Date _____

Position Applied For _____

(no more than one position may be listed)

- Referral Source: Advertisement Friend
 Relative Walk-in Employment Agency Other

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I will be required to and can provide proof of citizenship or immigration status. In the event of employment I understand that false or misleading information given in my application or interview(s) may result in discharge. If I am employed and in consideration thereof, I understand and agree to conform to the rules and regulations of the City of Buhler and that my employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of either the City of Buhler or myself. If I am employed, I further understand and agree that when my employment is terminated, I must return all of the City of Buhler's property in my custody.

Signature of Applicant _____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position Considered For: _____

Date: _____

Interviewed Yes No

Remarks: _____

Interviewers: _____

Date Interviewed: _____

Employed Yes No

Date of Employment _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

BY: _____
Name & Title _____
Date

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following Race/Ethnic Groups:

- White
- Black
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic
- Other

Check if any of the following are applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped

Name: _____ Phone: _____

Address: _____

FIRST MIDDLE LAST
CITY STATE ZIP
NUMBER STREET