

EMPLOYMENT HISTORY: (Continued)

Employer: _____ Supervisor: _____

Employer Address: _____

From: _____ To: _____ Job Title: _____ Salary: _____

Description of Job Duties: _____

Reason for Leaving/Wanting to Leave: _____ Phone Number: _____

PLEASE EXPLAIN ALL PERIODS OF UNEMPLOYMENT EXCEEDING 90 DAYS: _____

EDUCATION AND TRAINING: Did you graduate from high school? Yes No

If no, last grade completed: _____ GED obtained? Yes No

College/University/Trade Business/Correspondence	Major Area of Study	Number of years attended or Semester/Quarter Hours	Type of Degree/ Certificate Granted

Copies of transcripts and/or certificates/degrees received from formal education/training must be submitted if required for the job as stated in the official announcement of the vacancy.

CURRENT LICENSES/CERTIFICATIONS/REGISTRATIONS (including Driver's License)

Driver's License Type:

A-CDL B-CDL C Other _____ Number: _____ State: _____ Expiration _____
Month/Day/Year

Other License/Certification/Registration:

Type: _____ Number: _____ State: _____ Expiration: _____
Month/Day/Year

EQUIPMENT OR OFFICE MACHINES YOU CAN OPERATE: _____

ADDITIONAL EXPERIENCE AND/OR TRAINING YOU HAVE HAD WHICH, IN YOUR OPINION, WOULD QUALIFY YOU FOR THE POSITION YOU SEEK: _____

Are you related to any member of City Council or any person now employed by the City of Ferris? Yes No

NAME	DEPARTMENT	RELATIONSHIP
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NAME	DEPARTMENT	RELATIONSHIP
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PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME	ADDRESS	CITY	PHONE
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MILITARY SERVICE: List any relevant job-related skills acquired during military service.

PERSONAL DATA:

Have you within the last 12 months, been denied employment after taking a drug test? Yes No

Have you previously worked for the city? Yes No If yes, when? _____

Department: _____ Position: _____

Are you authorized to work in this country? Yes No

Have you ever been convicted of a crime? Yes No (You may omit any traffic offenses)

If yes to the question above, did the conviction result in imprisonment or time in jail? Yes No

Note: Conviction may not necessarily disqualify the applicant.

PLEASE PROVIDE THREE REFERENCES:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO READ THE FOLLOWING BEFORE SIGNING:

I certify that all statements made herein or elsewhere in connection with my application for employment are true and correct. I understand that any falsification, willful omission or deception made in connection with the employment process shall be sufficient cause for dismissal or refusal of employment. I am aware that the information given in my application (including resume) may be investigated. I am also aware that my application is subject to the Open Records Act and may be released as a public document. I understand that my appointment will be at the discretion of the department director concerned, subject to the approval of the City Manager. I understand that the City of Ferris is an employment-at-will employer, in that, either I or the city may terminate my employment at any time for any or no reason subject to applicable federal or state law. I also understand that this application is the property of the City of Ferris and will become a part of my personnel file if I am hired. I understand that my employment is contingent upon successful completion of a post conditional job offer fitness for duty examination and/or a drug/alcohol screen. Failing the drug/alcohol screen will eliminate me from being considered for this job and any other position with the City for a one-year period.

SIGNATURE: _____ DATE: _____
