



# City of Taylor Mill



WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO POLITICAL AFFILIATION, DISABILITY, RACE, COLOR, AGE, NATIONAL ORIGIN, CITIZENSHIP, SEX, RELIGION, SEXUAL PREFERENCE, OR OTHER LEGALLY PROTECTED STATUS.

**Please Print**

Position Applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Previous Address – If At Above Less Than Three Years**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status (Proof of citizenship or immigration status will be required upon employment.) \_\_\_\_\_ Yes \_\_\_\_\_ No

On what date would you be available to work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Provisional

Are you currently on **lay-off** status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony within the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Conviction will not necessarily disqualify an applicant for employment.)

If Yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# We Are An Equal Opportunity Employer

## EDUCATION

### HIGH SCHOOL

School Name and Location \_\_\_\_\_

Grade Completed \_\_\_\_\_ Diploma/Degree \_\_\_\_\_

### UNDERGRADUATE COLLEGE/UNIVERSITY

School Name and Location \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Course of Study \_\_\_\_\_

School Name and Location \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Course of Study \_\_\_\_\_

### GRADUATE/PROFESSIONAL

School Name and Location \_\_\_\_\_

Diploma/Degree \_\_\_\_\_

Course of Study \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities \_\_\_\_\_

Describe any honors you have received \_\_\_\_\_

State any additional information you may feel is helpful to us in considering your application \_\_\_\_\_

=====  
**List Professional, Trade, Business or Civic Activities and Offices held.** (You may exclude memberships which would reveal political affiliation, disability, race color, age, national origin, citizenship, sex, religion, sexual preference, or other legally protected status.)

**REFERENCES**

List name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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Have you ever had job-related training in the United States military? \_\_\_\_ Yes    \_\_\_\_ No

If Yes, please describe \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate political affiliation, disability, race, color, age, national origin, citizenship, sex, religion, sexual preference, or other legally protected status.

Employer	Address	Telephone number(s)
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number(s)
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number(s)
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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Employer	Address	Telephone number(s)
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Dates Employed (Month/Year)	Work Performed	Salary (Starting-Final)
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Job Title	Supervisor	Reason for Leaving
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**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER**



## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an **"at will"** nature, which means that the employee may resign at any time and the employer may discharge 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 or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date



## RELEASE AND AUTHORIZATION

In conjunction with my application for employment, I understand that an Investigative Consumer Report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by the Taylor Mill City Commission and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit and references.

Medical and Worker's Compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or, any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

I hereby authorize, without reservation, any law enforcement agency, institute, information service bureau, school, employer, reference or Insurance Company contacted by any and all representatives of the City of Taylor Mill or its agents, to furnish the information described above.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Please print your full name

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

Sex               Male               Female

\_\_\_\_\_  
Signature                                      DATE