## PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

# APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLI	ETE PAGES 1-5.		D	ATE	
Name					
	Last	First	М	liddle	Maiden
Present address					
	Number	Street	City	State	Zip
How long					
Telephone ( )			Social	Security	No
If under 18, please	e list age				
	or (1) I (2)				
How many hours of	can you work weekly?				
Employment desire	ed GFULL-TIME ONLY		ONLY	□FU	JLL- OR PART-TIME
When available for	r work?				

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

# **Certifications (Please specify and list Certifications)**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

🗆 No

# PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** DO YOU HAVE A DRIVER'S LICENSE? □ Yes □ No What is your means of transportation to work? Driver's license number \_\_\_\_\_ \_\_\_\_\_ State of issue \_\_\_\_\_ Operator Commercial (CDL) □Chauffeur Expiration date Have you had any accidents during the past three years? 🗆 Yes 🛛 No How many? \_\_\_\_\_ How Many? \_\_\_\_\_ Have you had any moving violations during the past three years? 🗆 Yes 🛛 No **Office Skills** Yes Yes Word Yes WPM 🗆 No WPM Typing □ No 10-key 🛛 No Processing PC Other \_\_\_\_\_ Personal Yes Computer 🗆 No Mac Skills Please list two references other than relatives or previous employers. Name Name Position \_\_\_\_\_ Position \_\_\_\_\_ Company \_\_\_\_ Company \_\_\_\_ Address Address Telephone ( ) Telephone ( ) An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

# PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? □ Yes □ No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Specialty \_\_\_\_ Date Entered \_\_\_\_ Discharge Date \_\_\_\_\_ Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience Name of employer Name of last Employment dates Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final Your last job title Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. Nome of least Nome of employer Day or calary

Address	supervisor	Employment dates	Fay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	Your Last Job Title			
Reason for leaving (be specific)				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				

## PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE**

# APPLICATION FOR EMPLOYMENT

Work	Please list your work experience for the past	five
experience	If you were self-employed, give firm name. A	\tta

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** 

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		То	Final
	Your last job title		
Reason for leaving (be specific)			
Reason for leaving (be specific) List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?	Yes	🛛 No
Did you complete this application yourself	Yes	🛛 No
If not, who did?		

## PLEASE READ CAREFULLY

#### **APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the City of Crowley, (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City of Crowley, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and the City of Crowley may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant	Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

# **Employment Application Supplement**

TO THE APPLICANT: The commitment of the City of Crowley to a policy of equal employment opportunity requires that certain information be gathered and documented for statistical purposes. The following information is requested for Personnel Office use only in order to assist us in complying with EEO reporting guidelines. Since this information will <u>NOT</u> be considered for employment purposes, this page will remain separate from your Employment Application and will not be available for review at any time during the applicant selection process. In addition, upon employment, this information will not be used for any subsequent personnel decision.

Please complete the following:

Social Security #	Phone #
Name:	Date of Birth:
Address:	Sex: Male Female
City/State/Zip:	
Position for which you are applying:	
Date Applied:	
National Origin: United States of America	Other (please specify)
Race: White Black Hispanio	c American Indian
Asian Indian Other	
Military Services Status: Veteran	Non-Veteran
Active Duty Reserve	/Guard Discharge Date:

Circle highest grade completed:

#### Note: for purposes of racial statistical tabulation, the following categories are used:

WHITE: includes persons of Indo-European descent, including Pakistan and East Indian persons
BLACK: includes persons of African descent as well as those identified as Jamaican, Trinidadian, and West Indian
HISPANIC: includes all persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent
AMERICAN INDIAN: includes all persons who identify themselves or are known as such by such by virtue of Tribal Association
ASIAN AMERICAN: includes persons of Japanese, Chinese, Korean, or Filipino descent
OTHER: includes Eskimos, Malayans, Thais, and other not covered above