

**CITY OF WAHOO**  
**APPLICATION FOR EMPLOYMENT**

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Position: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State)

Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*This Application form is intended for use in evaluating your qualifications for employment. Please answer all appropriate questions completely and accurately. All applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin, disabilities or any other legally protected status. Testing of job-related skills and for the presence of alcohol and/or drugs in your body may be required prior to employment.*

**Availability**

(Please circle your answers)

For which schedules are you available?	Weekdays	Weekends	Nights	Overtime shift
Have you ever been employed here before?	Yes	No		
Are you over 21 years of age?	Yes	No		
Are you lawfully authorized to work in the United States?	Yes	No		

Date available for work: \_\_\_\_\_

Type of employment desired: Full-time    Part-time    Temporary    Seasonal    Other

List states and counties of residence for the past seven (7) years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**(List past employers, starting with the most recent, including military. List others on separate page)

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start \$: \_\_\_\_\_ Final: \_\_\_\_\_

Summarize the nature of work performed and job responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Security**

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Have you ever used any names or social security numbers other than those on this application?  
Yes No

If so, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Job Duty Information**

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Have you received a description of the job or been made aware of the essential functions of the job you are applying for? Yes No

If the job requires, do you have the appropriate valid driver's license? Yes No

DL #: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Have you had your driver's license suspended or revoked, or had your driving privileges modified by a court of law? Yes    No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all states from which you hold or have held a driver's license: \_\_\_\_\_  
\_\_\_\_\_

**Educational Background**

Name and Location	Years Completed	Did you Graduate?	Course of Study
High School _____			
College _____			
_____			
_____			

**Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with us. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other licenses or certificates you may have that relate to the position applied for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

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Include any individuals familiar with your work ability. Do not include relatives.

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship \_\_\_\_\_

## Comments

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## Certification and Release

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I certify that I have read and understand foregoing Application for Employment and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this Application may result in rejection of my Application, rescinding an offer, or discharge at any time during my employment.

I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Wahoo. I authorize the City of Wahoo and/or its agents, including consumer reporting bureaus, to verify any of the information contained on this Application including, but not limited to, criminal history and motor vehicle driving records prior to or upon my employment by the City of Wahoo. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I understand that the use of illegal drugs is prohibited during employment. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

**Furthermore, I understand that, if hired, my employment will be strictly at will. That means that my employment is for an indefinite period and that the City of Wahoo or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps, subject, however to personnel policies of the City of Wahoo. I further understand that no verbal statements or statements in any City of Wahoo policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. I understand that no representative of the City of Wahoo has the authority to make any assurance to the contrary.**

I have read and reviewed the information provided in this Application and the above statements. By signing this Application for employment, I certify that I understand all parts of it and have answered all questions completely and fully.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_