

Employment History

Provide the following information from your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

Present/Most Recent Employer _____ Telephone _____
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Address _____

Dates Employed _____ From _____ to _____

Job Title _____

Immediate Supervisor and Title _____

Reason for leaving _____

May we contact for reference? Yes _____ No _____ Later (if selected) _____

Summarize the type of work performed and job responsibilities _____

Previous Employer _____ Telephone _____
()

Address _____

Dates Employed _____ From _____ to _____

Job Title _____

Immediate Supervisor and Title _____

Reason for leaving _____

May we contact for reference? Yes _____ No _____ Later (if selected) _____

Summarize the type of work performed and job responsibilities _____

Previous Employer _____ Telephone _____
()

Address _____

Dates Employed _____ From _____ to _____

Job Title _____

Immediate Supervisor and Title _____

Reason for leaving _____

May we contact for reference? Yes _____ No _____ Later (if selected) _____

Summarize the type of work performed and job responsibilities _____

COMMENTS Including explanation of any gaps in employment _____

SKILLS AND QUALIFICATIONS Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background

1) List last three (3) schools attended, starting with most recent. 2) List number of years completed. 3) Indicate degree or diploma earned, if any. 4) List Major field of study. 5) List Minor field of study (if applicable).

SCHOOL	YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

Military Service Record

Have you served on active duty in the U.S. Armed Forces ? Yes _____ No _____

Dates of duty: _____ / _____ to _____ / _____ If yes, you will need to provide Copy 4 of DD 214
 Mo. Yr. Mo. Yr.

Driver's License Information

Type _____ License Number _____ Issued By State of: _____

City of Moraine

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application or resume shall be considered sufficient cause for dismissal. The City of Moraine is hereby authorized to make any investigation of the information provided in this application and/or resume.

I hereby authorize the City of Moraine to investigate my personal history and financial and credit record, as necessary, through any investigative or credit agency of its choice. Financial and credit checks will be conducted in accordance with the Fair Credit Reporting Act. I further understand that the City of Moraine intends to use this information for employment purposes only and will keep it confidential.

I hereby authorize any reference, school, former employer, or other person to disclose to the City of Moraine upon request any and all records, documents, or other information that they may possess, and I release them all from liability for disclosing such information to the City of Moraine.

I understand that if employed, I may be required to work additional or less hours at other than my current assignment as the needs of the organization require, and that my employment is subject to complying with those rules, regulations, and conditions as established by management.

I understand that a physical examination, including drug screening, may be required for some positions and may be required during my employment to assure my physical ability to perform the essential duties and responsibilities associated with my position. The City will pay the cost of such an examination.

I agree to conform to all existing and future policies and procedures of the City of Moraine, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that policy and procedure manuals and operation manuals are available to me to read before I am employed.

I understand that if I am employed I must provide, by my first day of employment, appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by this law by the first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the City of Moraine.

Applicant's Signature _____  Date _____

Equal Employment Opportunity Information

Completion of Information below is Voluntary

In complying with the provisions of Federal Anti-Discrimination Laws, the City of Moraine seeks qualified applicants regardless of race, age, color, sex, religion, disability, national origin, marital status, veteran status, or other legally protected status.

In an effort to comply with government Equal Employment Opportunity reporting requirements, we invite you to complete this voluntary applicant data survey. This information will be filed separately from your application for employment, and cannot be used for interview purposes or hiring considerations.

Please Print

Position(s) applied for _____ Date ____ / ____ / ____

Male _____ Female _____

Age _____

Home Address Zip Code _____

Please check one of the following Equal Employment Opportunity Categories as applicable:

White, not of Hispanic origin _____ American Indian or Alaska Native _____

Black or African American _____ Hispanic or Latino _____

Asian, not of Hispanic origin _____ Native Hawaiian or Pacific Islander _____

Two or More Races _____

Vietnam Era Veteran _____ Veteran other than Vietnam Era _____