

City of Pacific

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. The City provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law. The City will provide reasonable accommodation to applicants with disabilities. To request an accommodation in the hiring process, applicants should contact Human Resources.

Employees are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the City's elected officials. Each employee is expected to behave in a manner that reflects favorably upon the City and recognize that City employees are subject to public scrutiny.

PLEASE PRINT IN INK

NAME	<small>Last</small> <small>First</small> <small>M.I.</small>		
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE	MESSAGE CONTACT <small>Name</small> <small>Area Code</small> <small>Number</small>		
ALTERNATE TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS			
POSITION APPLIED FOR:			
REFERRED FOR THIS POSITION BY:		DATE AVAILABLE:	
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION? <input type="checkbox"/> NO <input type="checkbox"/> YES WHEN? DEPARTMENT:			
SUPERVISOR:		REASON FOR LEAVING:	
	IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION: I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO D.L.# STATE	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

Branch of Service

From: _____ To: _____

Dates Served

EDUCATION / SKILLS

EDUCATIONAL LEVEL	NAME	CITY	STATE	CIRCLE YRS. COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY or JUNIOR COLL				1 2			
				1 2			
BUSINESS or TRADE SCHOOL				1 2			
COLLEGE or UNIVERSITY				1 2 3 4			
				1 2 3 4			
				1 2 3 4			
GRADUATE SCHOOL							

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With The Software
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES and CERTIFICATIONS (Job Related)	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____
START FINAL

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____
START FINAL

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FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION _____
EMPLOYER: _____ YOUR SUPERVISOR _____
ADDRESS: _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____
START FINAL

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
DAYTIME PHONE _____
RELATIONSHIP _____
(No Relatives)

DISCLOSURE AND AUTHORIZATION FOR PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

To: All Applicants For Employment *(Please Read Carefully Before Signing Below)*

As an applicant for employment with the City of Pacific, you have rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the City of Pacific may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when (1) considering your application for employment; (2) making a decision whether to offer you employment; (3) deciding whether to continue your employment (if you are hired); or (4) making other employment-related decisions directly affecting you.

A "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others. A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes. An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act. In addition, before any adverse action is taken, based in whole or in part on information contained in a consumer report or investigative consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I, _____(print name), hereby voluntarily authorize the City of Pacific to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)