
EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, please continue on a separate sheet.

1. Employer _____ Employed Starting Position _____
Address _____ From _____ Mo./Yr. _____
Telephone _____ Last Position _____
Immediate Supervisor _____ From _____ Mo./Yr. _____
Duties _____ Other Positions Held _____
Reason for Leaving _____

2. Employer _____ Employed Starting Position _____
Address _____ From _____ Mo./Yr. _____
Telephone _____ Last Position _____
Immediate Supervisor _____ From _____ Mo./Yr. _____
Duties _____ Other Positions Held _____
Reason for Leaving _____

3. Employer _____ Employed Starting Position _____
Address _____ From _____ Mo./Yr. _____
Telephone _____ Last Position _____
Immediate Supervisor _____ From _____ Mo./Yr. _____
Duties _____ Other Positions Held _____
Reason for Leaving _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In response to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? Yes No Previous employers? Yes No

Please identify any exceptions and reasons for not contacting _____

2. Have you ever been dismissed or forced or asked to resign from any employment? Yes No If "yes", please explain.

3. Except for vacations and holidays, how many work days were you absent this year?

0-5 days 5-10 days 10-15 days 15-20 days 21+ days

During the previous calendar year?

0-5 days 5-10 days 10-15 days 15-20 days 21+ days

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? Yes No

Describe any special job-related training received: _____

OTHER SPECIAL SKILLS

Are there any other experiences, skills, or qualifications you feel would especially support your application for employment with the City of Inman? _____

REFERENCES: (List three (3). Do not include relatives or former employers.)

NAME AND OCCUPATION

ADDRESS

PHONE NUMBER

HOW LONG KNOWN

GENERAL INFORMATION

1. Are you over 18 years of age? Yes No
2. Have you ever been convicted of a felony? Yes No
(An affirmative response will not automatically disqualify you from being considered as a candidate for employment)

If "yes", please explain _____

3. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?
 Yes No Not Applicable
4. Are you willing to work overtime as requested? Yes No

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or omissions may disqualify me from further consideration for employment and may result in dismissal from employment if discovered at a later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons or corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

Important: I understand that my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not and is not intended to be a contract for employment for any definite period of time.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status, or their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date