CITY OF INMAN EMPLOYMENT APPLICATION

The City of Inman is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, disability, or status as a Vietnamera or disabled veteran. We assure you that your opportunity for employment with the City depends solely upon your qualifications.

<u>NOTE:</u> This application form was designed for use by persons applying for various types of positions. Please read this entire application before you answer any questions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability. The application will remain active for a period of 30 days. Those applicants not employed within the 30-day period will need to reapply.

(PLEASE PRINT)	Date of A	pplication _			
Name						
	(Last)	(First)			33	(Middle)
Address						
	(Street, City, State & Zip Code)					
	Telephone: (Check which prefe	rred) C				
Position Des	sired		Full-Time/P	art-Time/		···-
Date Availal	ole					
Referral Sou	rce: ☐ Employment Agency ☐ School/College	☐ Newspap ☐ Employe			Applicant	
Have you ev	er applied for a position with us?	□ Yes □ N	lo If "yes",	when?		
Have you ev	ver been employed by us?	es 🗆 No If "	yes", when?			
Do you have	e a relative working for us?	Yes 🗆 No If	"ves", state	identity and i	relationship	
20 ,00			, ,			
Are you cur	rently employed?	ío				
FDUCA	TIONAL DATA					
School	Print Name, Number and Street, City, State and Zip for Each School Listing	No. of Yrs. Completed	D)egree	Major Course of Study	
			2000 V 100 V		0.180 km si0 200	
					100	

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	5
	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	¹⁴ s
	Reason for Leaving		

<u>AC</u>	DDITIONAL INQUIRIE	S CON	CERNING	S EMPLOYME	NT HISTORY	
	esponse to these inquiries, continue on a separ				• (8)	
1.	May we contact your present employer? ☐ Yes ☐ No Previous employers? ☐ Yes ☐ No					
	Please identify any exceptions and re	asons for not co	ontacting			
2.	Have you ever been dismissed or for	rced or asked to	resign from any	employment? 🗅 Yes 🗅 N	lo If "yes", please explain.	
3.	Except for vacations and holidays, how many work days were you absent this year?					
	O-5 days During the previous calendar year?	□ 10-15 days	□ 15-20 days	□ 21+ days		
		□ 10-15 days	□ 15-20 days	□ 21+ days		
MI	LITARY EXPERIENCE					
	you ever served in the U.S. Armed Force		No	·		
Desci	ribe any special job-related training rece	ived [,]				
	The any appearance related training reco.					
		-				
		 -		752.7		
	THER SPECIAL SKILLS					
	there any other experiences, skills, or qua		feel would especi	ally support your application	n for ampleument with the	
				any support your applicatio	n for employment with the	
City	of Inman?					
			-			
				a Total		
DE	FEDENIOS	<u></u>	AUG 1907			
KE	FERENCES: (List three (3). D					
	NAME AND OCCUPATION	ADD	RESS	PHONE NUMBER	HOW LONG KNOWN	
3 3						
	90.00	-91-				
					1/4	

GE	SENERAL INFORMATION			
1.	Are you over 18 years of age?	2 2		
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 schede	uling requirements?		
	☐ Yes ☐ No ☐ Not Applicable	9		
4.	Are you willing to work overtime as requested? Yes No			
	APPLICANT'S STATEMENT	2		
	I hereby affirm that the information provided on this application (and accompanying résumé, if any) is true lowledge. I also agree that any falsified information or omissions may disqualify me from further consideration for smissal from employment if discovered at a later date.			
any ir	I authorize a thorough investigation of my past employment and activities, agree to cooperate in such invibility or responsibility all persons or corporations requesting or supplying such information. I further authorize any y information which may be necessary to determine my ability to perform the job for which I am being considered out hired.	physician or hospital to release		
<u>is not</u>	Important: I understand that my employment is terminable-at-will, that I am not being employed for any specifing and is not intended to be a contract for employment for any definite period of time.	ied time, and that this application		
	I understand that according to federal law all individuals who are hired must, as a condition of employment, p rify their identity and U.S. citizen status, or their legal authorization to work in the U.S. As a consequence, I understated by law. Sould be contingent on my ability to produce the required documentation within the time period required by law.			
	Signature of Applicant	Date		