



CITY OF ARCHER

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability, or marital status.

PERSONAL DATA

Date: _____

Name: _____ Are you 18 years or older? Yes No
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone: (____) _____ Cell: (____) _____ Referred by: _____

If you are related to anyone who works for the City of Archer, state name, Department, and Relationship:

Emergency notification contact (Name, Address, Telephone number):

EMPLOYMENT INFORMATION

Position Desired: _____ Date you can start: _____ Salary Desired: _____

Are you presently employed? Yes No May we contact your present employer? Yes No

Have you ever applied to this City? Yes No If so, when? _____

Are there any days, shifts, or hours you will not work? Yes No If yes, explain: _____

EDUCATION

| | Name and location | Degree/Certificate | Subjects Studied | Grade Avg. |
|---|-------------------|--------------------|------------------|------------|
| Grammar school | | | | |
| High school | | | | |
| College | | | | |
| Trade, business, or correspondence school | | | | |
| Other (including graduate school) | | | | |

PREVIOUS EMPLOYMENT: List below sequentially all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages, if necessary).

| Date (Month and Year) | Employer Name, Address, and Telephone | Position and Job Duties | Salary | Reason for Leaving |
|--------------------------|--|----------------------------|--------|--------------------|
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |
| From: _____ To: _____ | | | | |

Did you work for any of these employers under a different name? Yes No

If yes, which employer(s) and under what name(s)? _____

Have you received any written reprimands or disciplinary suspension during any previous employment? Yes No

If yes, explain: _____

Have you ever been discharged or asked to resign? () Yes () No

If yes, explain (include by whom, when, and for what): _____

Please explain any gaps in your employment history: _____

DRIVING RECORD

Do you have a valid driver's license? () Yes () No

State: _____ Driver's License Number: _____ License Class: _____

Have you ever had your license or driving privileges revoked, suspended, or placed on probation? () Yes () No

If yes, explain: _____

List all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary).

| Date | Location | Description | Result |
|------|----------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

CRIMINAL HISTORY

Have you ever been convicted of, or pled guilty, no contest, or *nolo contendere* to a crime? () Yes () No

If yes, give details (date, place, offense(s), disposition, etc.): _____

Have you ever been charged with a crime and either been placed on a court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? () Yes () No

If yes, give details (date, place, offense(s), disposition, etc.): _____

REFERENCES: Give below the names of three persons not related to you, whom you have known at least one year.

| Name | Address | Phone Number | Relationship | Years Known |
|------|---------|--------------|--------------|-------------|
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete, or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in my dismissal.

I hereby authorize the City of Archer to investigate all statements contained in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers listed to give the City of Archer all facts, opinions, and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the City of Archer, including, but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditioned upon satisfactory results of a background investigation and/or City of Archer medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a six month probationary period. I further understand that my employment and compensation can be terminated, with or without cause or notice, at option of either the City of Archer or myself. I understand that no supervisor or other representative of the City of Archer other than the City Manager has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of my employment or my continued employment, that I may be requested by the City of Archer to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I understand that I may be asked to work overtime, and agree to do so if requested. If I do work overtime, I agree to accept compensatory time off in lieu of overtime pay, at the discretion of the City of Archer.

I certify that I have read, understand, and agree with the above.

Signature of Applicant

Date