

EMPLOYMENT APPLICATION  
CITY OF CARTHAGE

APPLICANT INSTRUCTIONS

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE."
2. Complete both sides of form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly; incomplete or illegible applications will not be processed.
5. Do not fill out any other attached forms until instructed.

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the applicant process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills may be required prior to employment. Following a job offer, and prior to reporting to work, you will be required to submit to a drug test and you may be required to complete a medical history form and/or be examined by a medical professional designated by the city.

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note of this form and that the answers given by me to questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the city to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## EMPLOYMENT APPLICATION CITY OF CARTHAGE

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
LAST FIRST M.I.

CURRENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

**AVAILABILITY** For which position are you applying? \_\_\_\_\_

What date can you start? \_\_\_\_\_ What category would you prefer? Full-Time  Part-Time   
 Seasonal

**EDUCATION** Please circle the highest grade completed. 7 8 9 10 11 12 13 14 15 16

NAME	CITY/STATE	DATES	GRADUATE?
HIGH SCHOOL		XXXXXX	
COLLEGE			
OTHER			

**SECURITY** List states and countries of residence for the past seven years. \_\_\_\_\_

Yes  No Have you used any names or Social Security Numbers other than those on this page? If so, please list on back.

Yes  No Have you been convicted of a felony and/or served time in the past seven years? If so, please describe below. (In accordance with city policy this information will be reviewed for job relatedness and time since last conviction.)

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

**JOB-RELATED SKILLS** NOTE: Do not fill out any part of this section you believe to be non-job related. List any languages in which you are fluent. \_\_\_\_\_

Yes  No If the job requires, do you have the appropriate valid drivers license?  
 DL # \_\_\_\_\_ Type \_\_\_\_\_ State of Issue \_\_\_\_\_

Yes  No Have you had any moving violations? Please describe. \_\_\_\_\_  
 Please list any other skills, licenses or certificates that may be job related or that you feel would be of value to this job or city.

Attached is a copy of the job description for the job for which you are applying. Please read it carefully and answer the following questions:

1. Do you understand it?  Yes  No
2. Can you perform each of the job functions listed on the job description?  Yes  No
3. If not, please list on a separate page the function that you cannot perform.
4. If there is an accommodation that you believe the employer could make that would enable you to perform the functions listed in your answer to no. 2, please describe it on a separate page.

**EMPLOYMENT REFERENCES** Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical.

**MOST RECENT EMPLOYER**

COMPANY NAME	CITY	STATE	PHONE NUMBER
TO	FROM		
DATES EMPLOYED		JOB TITLE	SUPERVISOR NAME
DUTIES			
PER			
SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING			
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently working for this employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact?			

**SECOND MOST RECENT EMPLOYER:**

COMPANY NAME	CITY	STATE	PHONE NUMBER ( )
TO	FROM		
DATES EMPLOYED		JOB TITLE	SUPERVISOR NAME
DUTIES			
PER			
SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING			

**THRID MOST RECENT EMPLOYER**

COMPANY NAME	CITY	STATE	PHONE NUMBER ( )
TO	FROM		
DATES EMPLOYED		JOB TITLE	SUPERVISOR NAME
DUTIES			
PER			
SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING			

**REFERENCES** Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1.		
2.		
3.		

COMMENTS \_\_\_\_\_

\_\_\_\_\_

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