

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 _____

