

# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

## PERSONAL INFORMATION (please print)

Position(s) Applied For	Date
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone Number(s)	Social Security Number / /	

Are you currently employed? ☐ YES ☐ NO

May we contact your present employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ YES ☐ NO

Have you been convicted of a felony? ☐ YES ☐ NO

## EDUCATION

	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (Specify)				

## MILITARY (COMPLETE IF YOU HAVE SERVED IN THE U.S. ARMED FORCES)

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year) From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

## EMPLOYMENT EXPERIENCE

1. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery List:	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	<hr/>	<hr/>
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	<hr/>	<hr/>
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	<hr/>	<hr/>

## REFERENCES

1.	<hr/>	<hr/>
	(Name)	(Phone)
	<hr/>	
	(Address)	
2.	<hr/>	<hr/>
	(Name)	(Phone)
	<hr/>	
	(Address)	
3.	<hr/>	<hr/>
	(Name)	(Phone)
	<hr/>	
	(Address)	

The facts set forth above in my application for employment are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## RELEASE OF INFORMATION FORM

I understand and agree that:

The City of Knox will make a thorough investigation of my entire work and personal history and may verify all data given in my job application form, related papers, references, and any information discussed during the oral interview. I authorize such investigation and the giving and receiving of any such information requested by the City of Knox and I release from liability any persons giving or receiving any such information.

The City of Knox will require proof of a valid driver's license and will annually run an employee's driving verification through the Bureau of Motor Vehicles to review the employee's driving status. This information will be shared with our insurance carrier. I authorize such an investigation and release of same.

The City of Knox reserves the right to search any City owned property which may be under the control of its employees and to search, where sufficient probable cause is present, an employee suspected of committing a crime in progress. Such research of City owned property may be accomplished for health and safety reasons.

The City of Knox may request any physician or hospital to release any information which may be necessary to determine my ability to safely perform the duties of the job which I am applying for and being considered for prior to employment or in the future during my employment with the City of Knox and I authorize such release.

I have read and understood and agree to the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

NOTE: All forms must be signed and dated by prospective candidates for employment with the City of Knox.