# CITY OF WEISER APPLICATION FOR EMPLOYMENT

(Applications Kept on File for One Year) Please Type or Print

Available to Begin HolidaysOn Call Seasonal
Seasonal
ne Number
er Phone Number
Code
No
(7) years, including convicti No

During the last ten (10) years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of specific problems? \_\_\_\_\_Yes \_\_\_\_\_No Have you ever served in the United States Military \_\_\_\_\_Yes No Branch of service \_\_\_\_\_ Honorable Discharge \_\_\_\_\_ **EDUCATION** High School Attended Address Diploma Do you have GED? **EDUCATION** (continued) College Attended Address Do you have a college degree? \_\_\_\_\_Yes \_\_\_\_\_ No If yes, what is your degree Technical School Attended Address Do you have technical/special certifications Yes No If yes, list certifications and indicate date received. List any professional memberships, professional registrations, licenses or professional organizations related to the position you are applying for. Indicate dates received. List any additional training, skills, specialized tools, machines, vehicles, office equipment, which are relevant to the position you are applying for.\_\_\_\_\_

# **CURRENT EMPLOYMENT INFORMATION**

# 1)

1)			
Name and Address and Phone Num	ber of Current Employer		
Dates Employed	Job Title		
	List Job Duties:		
Supervisor			
Starting and Current Pay	May we contact?	Yes	No
2) Name and Address and Phone Num	ber of Current Employer		
Dates Employed	Job Title		
<u> </u>	List Job Duties:		
Supervisor			
Starting and Current Pay	May we contact?	Yes	No
Starting and Current Luy		105	1

**PREVIOUS EMPLOYMENT** (List all positions held within the last 7 years, including military, full and part time. Explain any periods of unemployment. Use additional sheet if necessary.)

1) \_\_\_\_\_\_\_Name and Address and Phone Number of Employer

\_\_\_\_

Dates Employed

Job Title

Supervisor

List Job Duties:

\_\_\_\_\_

\_\_\_\_\_

Starting and Current Pay

#### **PREVIOUS EMPLOYMENT (Continued)**

2) Name and Address and Phone Number of Employer

Dates Employed

Job Title

\_\_\_\_\_ Supervisor

Starting and Current Pay

3) \_\_\_\_\_\_\_Name and Address and Phone Number of Employer

Dates Employed

Job Title

Supervisor

List Job Duties:

List Job Duties:

Starting and Current Pay

## **REFERENCES**

List three (3) persons (not former employers or relatives) who have knowledge of your qualifications for the position for which you are applying.

1) Name	Address	Contact Phone
<b>2)</b> Name	Address	Contact Phone
<b>3)</b> Name	Address	Contact Phone

## Read the following carefully before signing this application.

By signing below, I acknowledge that I have truthfully answered all of the questions on this employment application and that the information provided is accurate and complete. I authorize the City of Weiser and it's agents to investigate and verify the information provided herein. I understand that misrepresentation or omission of facts contained in this employment application is cause for disqualification from employment consideration or, if hired, for dismissal without notice or benefits. I understand that this document does not constitute an offer of employment or employment contract and establishes no obligation on the part of the City of Weiser or its agencies to employ me.

Furthermore by signing below I authorize my current and former employers and their agents, references, schools, and military authorities to furnish their records their records of my service, my reason for leaving their employ, and any other information relevant to my suitability for employment. I release my former and current employers and their agents, references, schools, military authorities and the City of Weiser and it's agents from any and all liability or damage whatsoever which may result because of furnishing such information.

Signature

Date

## CITY OF WEISER DRUG TESTING CONSENT FORM PROSPECTIVE EMPLOYEES

Pursuant to my application for employment with the **City of Weiser**, I consent to take a drug test as part of the City's drug free workplace policy.

I understand that the collection, testing, and reporting of my drug or alcohol test results will be done in accordance with standard chain of custody procedures.

I understand that in the event I do not work more than thirty (30) days with the City of Weiser, the cost of my pre-employment test will be deducted from my final paycheck. This provision does not apply in the event that I am voluntarily laid off.

I consent to the release of my test results received from the testing laboratory by Minert & Associates, Inc. To management officials at the **City of Weiser** and understand that those results will be held in confidence by all parties involved.

I understand that if I test positive for the presence of illegal drugs, I will have an opportunity to discuss that result with the staff of Minert & Associates, Inc., for the purpose of providing a reasonable explanation regarding my positive drug test.

I further understand that if my test remains positive for the presence of illegal drugs, I will not be offered employment with the City.

I understand the terms of the City of Weiser drug testing policy.

Applicant's Name (Print)

Applicant's Home Phone

Applicant's Signature

Date

**EMPLOYMENT APPLICATION SUPPLEMENT** 

DRIVERS LICENSE NUMBER	
DRIVERS LICENSE FROM ANY OTHER STATE?	
PLEASE LIST CURRENT DRIVERS LICENSES	
DRIVING EXPERIENCE	
PAST ACCIDENT REPORT	
PRIOR TRAFFIC CONVICTIONS? YES NO IF YES, PLEASE LIST.	

AT THE TIME OF EMPLOYMENT, A COPY OF YOUR DRIVERS LICENSE WILL BE REQUIRED, AND IT WILL BE CHECKED.