**City of Coolidge**

101 N 1st Street P.O. Box 457 Coolidge Texas 76635

Phone: (254) 786-4814 www.cityofcoolidgetx.com mrunion@cityofcoolidgetx.com

# Employment Application

An Equal Opportunity Employer

We welcome and appreciate your interest in employment with the City of Coolidge. We are an equal opportunity employer. No question on this application is intended to secure information for discriminatory purposes.

***Applicants are required to submit accurate, complete, and truthful information in response to questions on this application, on a resume, and other information provided, including post-offer medical history information and information related to the post-offer drug test. Failure to do so will be grounds for rejection of this application. Applicants must provide supplemental written information where necessary to accurately and completely respond to questions.*** If the applicant selected for this position is not a city employee, his/her employment history will be checked for a minimum of two previous employers, or for the past ten years, whichever is greater. If the applicant is a city employee, a review of the employee’s personnel file and a reference check of the immediate supervisor will be reviewed.

This form is part of the examination process. Before completing the application, consider the duties of the job with or without reasonable accommodation and minimum qualifications for the specific job for which you are applying. You must meet the minimum qualifications of the position to be considered.

***The City of Coolidge reserves the right to disqualify any application which is incomplete.* This application may be completed at your convenience; however, failure to provide required documents by the published recruitment deadline may result in disqualification. All applicants are required to complete an application form prior to interviewing for a position. (Resumes will not be accepted in lieu of completing the application but may be attached.)**

## Please Print or Type

Position Applied For \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_

Have you ever used another name for work, school or other purposes? \_\_\_ Yes\_\_\_\_ No **If yes**, provide below:

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_

Have you ever applied for a position with the City of Coolidge before? \_\_\_\_Yes \_\_\_\_ No **If yes**, provide below: Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Answer all questions completely and accurately. Notify us promptly of any change of address and/or telephone number.***

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt. No. \_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_ Telephone #s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education History**

**High School:** Graduated? \_\_\_ Yes\_\_\_\_ No School Name/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G.E.D.:** Received? \_\_\_ Yes\_\_\_\_ No Test Center Name/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Less than High School:** Last Grade Completed \_\_\_\_\_\_\_\_\_\_\_ School Name/City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Additional Academic/Vocational/Business Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of School/City | Areas of Study | Trade School/College Sem. Hrs. | Type of Certificate Received | Type of Degree Received |
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### Current Licenses / Certifications / Registrations

Submit a copy of the required certification with this application.

Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_ Agency/State Issuing \_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_

Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_ Agency/State Issuing \_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_\_

Has your license/certification been denied, revoked, suspended, or subject to discipline by the licensing and/or professional authority? \_\_\_ Yes\_\_\_\_ No **If yes**, provide details on a separate sheet.

### Driver’s License / Texas State ID Information

**If the essential functions of the position for which you are applying require driving a vehicle of any kind, please complete this section. If the position requires a CDL, make sure that is included in the license information you submit:**

Do you have a current and valid driver’s license? \_\_\_ Yes\_\_\_\_ No

Driver’s License Number / Tx Id Card \_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_

List all the restrictions on your current driver’s license: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. (Explain circumstances and dispositions on Application Attachment I)

Has your driver’s license been revoked, suspended, or restricted during the preceding three (3) years\_\_\_ Yes\_\_\_ No **If yes**, explain on Application Attachment I.

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Visa #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Passport #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Employment History

List all employment for at least the past 10 years or for your last 2 employers, whichever is greater. Begin with your present position and work back. **Explain any gaps in employment.** Attach additional sheets as needed. **OPTIONAL**: Additional information on your training and/or experience which relates to the job opening may be provided on attached sheets.

|  |  |
| --- | --- |
| Commercial Driver’s License (CDL) required? \_\_\_ Yes\_\_\_\_ No  From \_\_\_\_\_\_ / \_\_\_\_\_\_ to \_\_\_\_\_\_ / \_\_\_\_\_\_ Job Title  Month Year Month Year  Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary | |
| Commercial Driver’s License (CDL) required? \_\_\_ Yes\_\_\_\_ No  From \_\_\_\_\_\_ / \_\_\_\_\_\_ to \_\_\_\_\_\_ / \_\_\_\_\_\_ Job Title  Month Year Month Year  Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary | |
| Commercial Driver’s License (CDL) required? \_\_\_ Yes\_\_\_\_ No  From \_\_\_\_\_\_ / \_\_\_\_\_\_ to \_\_\_\_\_\_ / \_\_\_\_\_\_ Job Title  Month Year Month Year  Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coworker Name/Phone \_\_\_\_\_\_\_\_\_\_\_\_  Job Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary | |

**Please answer yes or no to the following questions and attach additional sheets as needed.**

1. Have you previously worked for any department of the City of Coolidge or are you currently employed by the city?

\_\_\_ Yes\_\_\_\_ No **If yes**, provide: Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you related to anyone working for the City of Coolidge? \_\_\_ Yes\_\_\_\_ No **If yes**, complete the following: Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. a) Have you ever been disciplined or discharged for theft or related offenses by any employer? \_\_\_ Yes\_\_ No **If yes**, state name and address of employer and explain the circumstances. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Have you ever been disciplined or discharged for fighting, assault, or related behavior by any employer?

\_\_\_ Yes\_\_\_\_ No **If yes**, state name and address of employer and explain the circumstances. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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d) Have you been dismissed or asked to resign from any job whether or not listed on this application for other reasons? \_\_\_ Yes\_\_\_\_ No **If yes**, state name and address of employer and explain the circumstances.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Conviction Record

**Failure to answer the following question will disqualify you from further consideration of your application.** Have you ever been convicted of, plead guilty to, or no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanors and/or felonies); in any court other than Juvenile Court?

**Check one:** ☐Yes ☐ No

**If yes**, **complete Application Attachment I in detail.** A conviction will not automatically exclude you from consideration for employment. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position shall be considered.

## READ CAREFULLY BEFORE SIGNING

I certify that I have made no willful misrepresentation in this application, my resume and any other documents submitted by me, nor have I withheld information in my statements and answers to questions, and I confirm that the information provided on this application and any other documents I have submitted is true, correct, and complete. I am aware that the information given by me in my application may be investigated. I agree to provide supplemental information if requested by the City of Coolidge’s designee. I further understand that falsification or omission of information including post-offer medical history information provided to the City’s designated physician are grounds for rejection of this application and, should I be employed, may be grounds for dismissal. I understand that if any information provided on this form or others should change between the date I submit this application and the date of any employment offer and/or hire date, that I must communicate those changes in writing to the Mayor or designee in a timely manner. I further understand that this application, resume, and any other documents attached become the property of the City of Coolidge and will not be returned.

I further understand this is not an employment agreement between the City of Coolidge and the applicant.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## NOTICE OF CONDITIONS OF EMPLOYMENT

I understand that as a condition of employment with the City of Coolidge, I may be required to pass a drug test and agree to abide by the City’s Alcohol and Drug Policy.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Application Attachment I

Failure to **fully** complete this form shall result in your disqualification in the applicant process, or if hired, termination. To provide information on additional offenses, please add additional sheets as required.

The information sought on this form will be used solely for the purpose of assisting the City of Coolidge in conducting a criminal history check. More information may be necessary to complete the investigation and failure to provide such information on request will disqualify you from further consideration for employment. **Please complete this section if you have ever been convicted of, plead guilty to, no contest to, received probation, deferred adjudication, or been placed on any form of diversion for any criminal offense (misdemeanor and/or felony) in any court other than Juvenile Court.** Your criminal record will be considered by the City of Coolidge only in relation to the job for which you are applying. The nature, seriousness, number of offenses, length of time since offenses, your work record with other employers after the offenses, and the nature of the position for which you are applying shall be considered. Print Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sentence** \_\_\_\_\_ Probation, deferred adjudication or other form of pre-trial diversion

|  |  |
| --- | --- |
| \_\_\_\_\_ Jail | \_\_\_\_\_ Other |
| \_\_\_\_\_ Fine | Amount $ \_\_\_\_\_\_\_\_\_\_ |

Criminal Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\**Use next page to include additional***

### *Information.* Reporting Requirements

Parole/Probation Officer: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If on Probation, ending date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Information on Sentence**

### Traffic Offenses and Citations

List all traffic offenses and citations you have received during the preceding three (3) years, excluding only parking tickets. Explain circumstances and disposition.

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| --- | --- | --- | --- | --- |
| **Offense/Citation** | **Date** | **City/State** | **Circumstance** | **Disposition** |
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**Application Attachment II Applicant Demographics Report**

### COMPLETION OF THIS FORM IS VOLUNTARY

The City of Coolidge is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Coolidge invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Information provided on this form is not part of the hiring process and is not considered by those involved in the hiring process. Qualified applicants and employees are considered without regard to race, color, religion, sex, national origin, age, marital status, or disability.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_ Male \_\_\_\_ Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied for: *(Must indicate specific job title)*

### EEO Classification

**Specific Instructions:** The categories below are designed to identify your basic racial and national origin category. Place a “check” next to the appropriate category. **Note: Check only one category.**

\_\_\_\_ White \_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Black or African American \_\_\_\_\_ Hispanic or Latino

\_\_\_\_ Two or more races, excluding Hispanic or Latino \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Asian \_\_\_\_ (Not Hispanic or Latino)

### Employment Eligibility Verification

In what country were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you the legal right to work permanently in the United States? \_\_\_ Yes\_\_\_\_ No

What documents can you show to prove your legal right to work in the United States?

|  |  |
| --- | --- |
| \_\_\_\_ Driver’s License and Social Security Card | \_\_\_\_ U.S. Passport showing U.S. Citizenship |
| \_\_\_\_ Certificate of U.S. Citizenship or Naturalization  \_\_\_\_ “Green Card” | \_\_\_\_ Other (Specify) |

# Employment Reference Verification

**Applicant Name:**

**Position applying for:**

**Name of Reference:**

**Job Title:**

**Company:**

**Contact Number:**

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other person, corporation or organization for furnishing such information about me.

Signature of Applicant Date

**For Office Use Only**

|  |  |
| --- | --- |
| **Position Held:** |  |
| **Dates of Employment:** |  |
| **Is the applicant rehireable?** |  |
| **Comments:** |  |
|  |  |
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|  |  |
| Completed by Signature | Date |