

# Employment Application



An Equal Opportunity Employer

|             |
|-------------|
| <b>Date</b> |
|-------------|

|   |  |                        |  |                      |
|---|--|------------------------|--|----------------------|
| <b>PERSONAL INFORMATION</b>   | <b>Print name</b>  | <b>Last</b>            | <b>First</b>                                       | <b>Middle</b>        |
|   | Other names by which you may be known:   | Social Security Number |  | Day Telephone Number |
|   | Mailing Address  | City                   | State  | Zip Code             |
|   | Street Address   | City                   | State  | Zip Code             |
|   | Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list date of birth:  |                        |  |                      |
|   | Have you ever been convicted of a felony? Yes No <i>Circle one</i>   |                        |  |                      |
|   | Have you ever been convicted in a court for anything other than a traffic misdemeanor? Yes No <i>Circle one</i>        |                        |  |                      |
|   | If yes to either question, please describe. (You will not necessarily be disqualified for the job applied for).        |                        |  |                      |
|   | Position or type of work desired   | Wage/Salary expected   | Are you available for: <i>check all that apply</i> |                      |
|   | <input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Seasonal work |                        |  |                      |
| Will you work overtime and outside your regular work schedule if asked? Yes No <i>Circle one</i>            |  |                        |  |                      |
| How did you learn of our job opening?   | Have you ever been employed by Price City? If so when and what department?   |                        |  |                      |
| List the names of any relatives, including those by marriage or adoption, currently employed by Price City. |  |                        |  |                      |

Account for all periods of employment and unemployment, including military. **Beginning with your present employer**, list all employers for whom you have worked, either full-time or part-time, since you completed your full-time education or the last 15 years. Describe, giving dates and reasons, each period of unemployment on a separate sheet and attach to this application. Indicate employers whom you **DO NOT** want contacted for a reference.

|                           |                       |                                 |   |   |
|---------------------------|-----------------------|---------------------------------|---|---|
| <b>EMPLOYMENT HISTORY</b> | <b>Employed</b>       | <b>Company Name and address</b> | <b>Supervisor</b>   | <b>Pay rate</b>   |
|                           | From                  |                                 |   |   |
|                           | To                    | Type of business                | Telephone   | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
|                           | Ok to contact?        |                                 |   | <input type="checkbox"/> Temporary                                    |
|                           | Job title and duties: |                                 | Reason for leaving:   |   |
|                           | <b>Employed</b>       | <b>Company Name and address</b> | <b>Supervisor</b>   | <b>Pay rate</b>   |
|                           | From                  |                                 |   |   |
|                           | To                    | Type of business                | Telephone   | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
|                           | Ok to contact?        |                                 |   | <input type="checkbox"/> Temporary                                    |
|                           | Job title and duties: |                                 | Reason for leaving:   |   |
|                           | <b>Employed</b>       | <b>Company Name and address</b> | <b>Supervisor</b>   | <b>Pay rate</b>   |
|                           | From                  |                                 |   |   |
|                           | To                    | Type of business                | Telephone   | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
|                           | Ok to contact?        |                                 |   | <input type="checkbox"/> Temporary                                    |
|                           | Job title and duties: |                                 | Reason for leaving:   |   |
|                           | <b>Employed</b>       | <b>Company Name and address</b> | <b>Supervisor</b>   | <b>Pay rate</b>   |
| From                      |                       |                                 |   |   |
| To                        | Type of business      | Telephone                       | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |   |
| Ok to contact?            |                       |                                 | <input type="checkbox"/> Temporary                                    |   |
| Job title and duties:     |                       | Reason for leaving:             |   |   |

| EDUCATION AND SKILLS  | School   | Name and Location | Graduated<br>(Yes or No) | Major Course of Study | Date Completed |
|---|--|-------------------|--------------------------|-----------------------|----------------|
|   | High School  |                   |                          |                       |                |
|   | College/University   |                   |                          |                       |                |
|   | Business/Trade   |                   |                          |                       |                |
|   | Other  |                   |                          |                       |                |
|   | <b>List other types of skills, and proficiencies where applicable.</b> |                   |                          |                       |                |
| Clerical (i.e. typing, word processing, computer software skills, etc.) |  |                   |                          |                       |                |
| Equipment (i.e. backhoe, loader, forklift, etc.)                        |  |                   |                          |                       |                |
| Verbal Languages (Indicate ability to read, write or speak)             |  |                   |                          |                       |                |
| Other   |  |                   |                          |                       |                |

| REFERENCES | <b>List three persons who can objectively assess your professional and/or scholastic performance.</b> |                      |         |           |
|------------|---|----------------------|---------|-----------|
|            | Name  | Relationship / Title | Address | Telephone |
|            |   |                      |         |           |
|            |   |                      |         |           |

| OTHER | Driver's License #  | License issued by State of   |  |
|-------|---|--|--|
|       | What type of Driver's License do you have (check one):<br><input type="checkbox"/> Operators <input type="checkbox"/> CDL | Have you been convicted of a DUI or DWI within the past 3 years?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
|       | Is your license presently restricted, suspended or revoked:<br>If yes, give reason:                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
|       | the date it began _____   | and the date ended (or will end) _____   |  |

**IMPORTANT: READ CAREFULLY. AS AN APPLICANT, YOU AGREE TO AND UNDERSTAND THE FOLLOWING:**

**CERTIFICATION:** I certify that the information on this application is true, correct and complete; and I understand that any misleading information, omission or falsification of this information is grounds for rejection of this application or my dismissal from employment.

**AUTHORIZATION:** I authorize Price City to verify the information set forth in this application and to obtain additional information relating to my employment background, character, and qualifications. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, and my present and/or prior employers to supply Price City any information concerning my employment background, character, and qualifications, and release all parties from all liability for any damage resulting from furnishing same to Price City.

**COMPLIANCE:** I agree to comply with all company policies, rules, and regulations now or hereafter effective.

**CONSENT:** I hereby consent to a pre-employment, post-offer medical examination and inquires, and alcohol, drug, and substance screening, and I understand that any offer of employment will be contingent upon satisfactory results of such examination inquiries and screening. I also consent to personal information associated with my employment being stored, or processed as required for the purposes of my employment by Price City on condition that Price City will, so far as possible, keep such information confidential.

**VERIFICATION:** If employed, I promise, as a condition of employment, that I will within three days of starting work submit to the Human Resources Department verification of my U.S. employment eligibility as required by law.

I hereby acknowledge that I have carefully read, understand, and agree to the above.

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

**PRICE MUNICIPAL CORPORATION  
EEO/AFFIRMATIVE ACTION INFORMATION**

The information below is needed to measure the effectiveness of our recruitment efforts and is to help us conform with federal government guidelines which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. This information will not influence selection and will not be used as a basis for selection; it is merely for statistical purposes.

**This information sheet will be immediately detached from the application and kept in a confidential file separate from the Employment Application.**

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Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Please mark appropriately:        Male        Female

ETHNIC CATEGORY (Please check one):

\_\_\_\_\_ WHITE (Not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the middle East.

\_\_\_\_\_ BLACK (Not of Hispanic origin): All person having origins in any of the Black racial groups of Africa.

\_\_\_\_\_ HISPANIC: (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

\_\_\_\_\_ ASIAN OR PACIFIC ISLANDER: All persons having origins in any of the original people of the Far East, Southeast Asia, Indian Sub continent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

\_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliations or community recognition.