

**CITY OF TAYLORSVILLE
APPLICATION FOR EMPLOYMENT**

The City of Taylorsville is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For: Date:

Last Name: First Name: Middle Initial:

Address: City:

State: Zip Code: Social Security Number:

Home Telephone Number: Work Telephone Number:

If under age 18, can you provide required proof of your eligibility to work?: Yes No

Have you filed an application with us before?: Yes No

Are you currently employed?: Yes No

If currently employed, may we contact your present employer?: Yes No

On what date are you available for work?:

Are you available to work: Full Time Part Time Temporary

Are you currently on "lay-off" status and subject to recall?: Yes No

Can you travel if the job requires it?: Yes No

Have you been convicted of a felony within the last 7 years?: Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

If you need additional space, please continue on a separate sheet of paper.

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe Any Specialized Training, Apprenticeship, Skills and Extra-curricular Activities That Pertain to this Position.

Describe any job related received in the United States military.

Employment Experience

Start with your present or last job. Include any job related military experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:	Dates Employed: From	To
Address:	Telephone Number:	
Job Title:	Supervisor:	Salary:
Work Performed:		
Reason for Leaving:		
Employer:	Dates Employed: From	To
Address:	Telephone Number:	
Job Title:	Supervisor:	Salary:
Work Performed:		
Reason for Leaving:		
Employer:	Dates Employed: From	To
Address:	Telephone Number:	
Job Title:	Supervisor:	Salary:
Work Performed:		
Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held:

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes No

References

Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	
Name:	Phone Number:
Address:	

Certificate of Applicant

I certify that all information on this application is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information may cause my application to be rejected or, if I am hired, may cause me to be terminated. I authorize any employer accepting this application and any person, organization, former employer or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation during my probationary period. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of such termination.

Signed: _____ Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Schedule Interview? Yes No

Date of Interview: _____

Comments: _____

Date Applicant Notified of Results: _____ Applicant Hired: Yes No

Hire Date: _____ Salary: _____ Dept: _____

Signature: _____ Date: _____

TAYLORSVILLE CITY POLICE DEPARTMENT

Applicant's Consent to Release Information & Background Check Statement



Name: _____, _____, _____
Last First MI

Street Address City State Zip

Date of Birth: ____/____/____ Home Phone Number: ____-____

I, _____, authorize Taylorville City Police Department, or its agents, to conduct a criminal background check for the purpose of verifying and/or obtaining any information whatsoever, whether favorable or unfavorable, about me.

Release of Liability:

I, _____, hereby release and discharge Taylorville City and their agent's or employee's from all liability, claims or demands with respect to background check completed herein. My signature below indicates my agreement with the procedures outlined above.

Applicant Signature Printed Name Date

ACKNOWLEDGEMENT:

Subscribed and sworn before me this ____ day of _____, 20____, _____ Personally appeared before me,

___ Who is Personally Known to me,

___ Whose Identity I Verified on the Basis of _____

___ Whose Identity I Verified on the Oath/Affirmation of _____, a credible witness, to the signer of the foregoing document and he/she acknowledged that he/she signed it.

State of _____

Residing in the County of _____.

Seal

NOTARY PUBLIC

My Commission Expires: