

**CITY OF EDEN APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS:** Please type or print in ink all information on this form. Check appropriate spaces where necessary. If additional details will be of value in answering these questions, use a separate sheet. False or misleading statements will be cause for rejection or for dismissal after appointment. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status.

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER. APPLICATIONS ARE VALID UNTIL THE POSITION IS FILLED.**

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
 (Street & No.) (City) (State) (Zip Code)

Telephone Number(s) \_\_\_\_\_  
 (Home) (Cell)

Driver's License Number: \_\_\_\_\_  
 (Class A, B or C) (Commercial Driver's License (Yes or No))

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND, THEREFORE SHOULD REPRESENT YOUR BEST EFFORT. (FOR SOME POSITIONS YOU MAY BE ASKED TO COMPLETE A SUPPLEMENTAL APPLICATION).

**Special Skills/Languages**

**Military Data**

Please indicate your clerical skills: \_\_\_\_\_ Are you a veteran? ( ) YES ( ) NO

Typing WPM: \_\_\_\_\_ Shorthand WPM: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Languages (Other Than English): 1. \_\_\_\_\_ 2. \_\_\_\_\_ Dates of active duty: \_\_\_\_\_

1. Speak \_\_\_ Write \_\_\_ Read \_\_\_ 2. Speak \_\_\_ Write \_\_\_ Read \_\_\_ Service Number: \_\_\_\_\_

Kinds of office equipment operated \_\_\_\_\_ Rank upon separation: \_\_\_\_\_

**EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)**

Elementary School: Name: \_\_\_\_\_ Location: \_\_\_\_\_

High School: Name: \_\_\_\_\_ Location: \_\_\_\_\_

Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12

Ending date: Month: \_\_\_\_\_ Year: \_\_\_\_\_ If you did not graduate, do you have a High School Equivalency? \_\_\_\_\_

Education beyond High School	Name and Location	Attended From - To	Circle No. Years Completed	Did you Graduate	Degree/Certificate	Major Subject
College or University			1 2 3 4			
Graduate or Professional			1 2 3 4			
Other Education			1 2 3 4			

Subjects studied which apply to position wanted: \_\_\_\_\_

For positions which require high school graduation or GED, or a college degree, a copy of the high school diploma/GED certificate or college diploma will be required at the time of interview.

**EMPLOYMENT DATA:**In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, summer, and significant volunteer work for last 10 years. Details on any period of unemployment must be included. Experience acquired more than 10 years ago may be summarized in one block if not applicable to position for which you are applying.

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Title of present (or most recent) position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Full time: \_\_\_\_\_ Years \_\_\_\_\_ Months

Name and address of employer: \_\_\_\_\_

Description of duties, responsibilities and accomplishments including number of employees you supervised: \_\_\_\_\_

Name, address and phone number of Human Resources Department or immediate supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

If "NO", please list the name and phone number of someone knowledgeable of your work: \_\_\_\_\_

(Note: If more space is required, attach separate sheet)

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Title of prior position: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Full time: \_\_\_\_\_ Years \_\_\_\_\_ Months

Name and address of employer: \_\_\_\_\_

Description of duties, responsibilities and accomplishments including number of employees you supervised: \_\_\_\_\_

Name, address and phone number of Human Resource Department or immediate supervisor: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your prior employer? \_\_\_\_\_

If "NO", please list the name and phone number of someone knowledgeable of your work: \_\_\_\_\_

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(Note: If more space is required, attach a separate sheet)

**EMPLOYMENT DATA (continued):**

Title of prior position \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Full time: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Description of duties, responsibilities and accomplishments including number of employees your supervised: \_\_\_\_\_

Name, address and phone number of immediate supervisor or human resources dept.: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your prior employer? \_\_\_\_\_

If "NO", please list the name and phone number of someone knowledgeable of your work: \_\_\_\_\_

**PERSONAL DATA: (Note: If more space is required, attach a separate sheet)**

1. Are you a citizen of the United States? ( ) YES ( ) NO. If "NO", give country of which you are a citizen and your alien registration number: \_\_\_\_\_
2. Have you ever been convicted of any offense against the law (including minor traffic violations)? If so, please explain the nature of the conviction(s) and the final disposition of the case(s): \_\_\_\_\_
3. Do you have any relatives currently employed by the City of Eden? If so, who, in what position, and what department are they employed? What is the relationship? \_\_\_\_\_
4. Please indicate any special skills, accomplishments or special training you have which are relevant to the position for which you are applying: \_\_\_\_\_
5. Have you complied with the Selective Service requirements? ( ) YES ( ) NO. Local governments are prohibited from employing anyone not meeting these requirements. Currently males, ages 18 to 25, are required to register with the federal government in accordance with the Military Selective Service Act.
6. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. ( ) Yes ( ) No
7. Have you ever filed an application with us before? If yes, give date: \_\_\_\_\_  
Have you ever been employed with us before? If yes, give date: \_\_\_\_\_
8. Are you a current City of Eden employee, \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what department? \_\_\_\_\_  
If you are a City of Eden employee, what is your employment status? \_\_\_\_\_ Regular \_\_\_\_\_ Temporary
9. On what day would you be available for work? \_\_\_\_\_

**REFERENCE DATA**

Please list three person who are not related to you and who have a definite knowledge or your work. Do not repeat the name of supervisors listed in the Employment Data section of this application.

Name: \_\_\_\_\_ Business or Home Address (Street): \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business or Home Address (Street): \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business or Home Address(Street): \_\_\_\_\_  
\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

**INVESTIGATION AUTHORIZATION:** My Signature below indicates my authorization to my former employers to give any information regarding my employment, together with any information they may have regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I also permit the City of Eden to conduct a Police and Court Records investigation of my background. I understand that, if I am employed, I will be on probation for the period required by the Eden City Code.

I also authorize schools and other educational institutions which I may have attended to reveal my scholastic rating to the City of Eden’s representatives who are investigating my education background.

**ON CALL:** One of the conditions of employment with the city is the acceptance of a share of the responsibility for continuous service, in accordance with the nature of each job position. Employees required to be “on-call” duty are required to be in a thirty (30) minute driving radius.

**ACKNOWLEDGEMENT OF OVERTIME COMPENSATION POLICY:** For those positions subject to the overtime provisions (Non-Exempt) of the Fair Labor Standards Act (FLSA), City policy is to compensate for overtime hours, whenever possible, by awarding compensatory time (on a 1-1/2 hour compensatory time for 1 hour overtime basis) as provided by the FLSA. Accumulated compensatory time may be used at the employee’s discretion provided reasonable notice is given and provided such use does not unduly disrupt operations. Upon separation from the City (or at any other time at the City’s discretion) accumulated overtime compensatory hours will be paid at the employee’s current rate of pay.

I understand this policy and agree to accept overtime compensation (if applicable) in this fashion should I be selected for the position for which I am applying.

**DECLARATION OF APPLICANT:**

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statement shall be considered sufficient cause for employment disqualification or dismissal.

I understand that any employment with the City of Eden is subject to successful substance screening and physical examination.

I understand that any employment will be “at will” which means the the City has no obligation to continue to employ me in the future. I also understand that this application is the property of the City of Eden and will become a part of my personnel file if I am hired.

I further understand this application is void thirty (30) days after receipt or until the position for which I have applied is filled.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Name

\_\_\_\_\_  
Date Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issuance

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. THE FOLLOWING INFORMATION IS REQUESTED FOR RECORD KEEPING PURPOSES IN COMPLIANCE WITH STATE AND FEDERAL EMPLOYMENT LAWS. THE INFORMATION WILL BE SEPERATED FROM YOUR APPLICATION.

### PLEASE PRINT

#### Personal Data

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ What Department: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Telephone Number (s) Home \_\_\_\_\_ Cell \_\_\_\_\_

#### Referral Source:

Advertisement \_\_\_\_\_ Relative \_\_\_\_\_

Walk-In \_\_\_\_\_ Employee \_\_\_\_\_

Private Employment Agency \_\_\_\_\_ Government Employment Agency \_\_\_\_\_

Friend \_\_\_\_\_ Other \_\_\_\_\_

#### ETHNICITY/GENDER

The following ethnic categories have been determined by the Equal Employment Opportunity Commission.

You must indicate one of the following:

Please check one:

A. \_\_\_ White Male C. \_\_\_ Black Male E. \_\_\_ Hispanic Male G. \_\_\_ Native American Male

B. \_\_\_ White Female D. \_\_\_ Black Female F. \_\_\_ Hispanic Female H. \_\_\_ Native American Female

I. Other, Please Specity \_\_\_\_\_

#### EDUCATION RECORD

Highest level of education completed: \_\_\_ Grades 1<sup>st</sup> through 11<sup>th</sup> \_\_\_ Bachelor's Degree  
\_\_\_ High School/ GED \_\_\_ Master's Degree  
\_\_\_ Associate's Degree \_\_\_ Ph.D

#### MILITARY SERVICE

Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Check if Applicable: \_\_\_\_\_ Vietnam Era Veteran Disabled Veteran Disabled Individual

Date of Birth: \_\_\_\_\_