

MILITARY

Have you ever served in any branch of the armed forces? YES NO.

Have you ever been discharged from the armed forces under conditions other than honorable?
YES. NO

(Excluding a medical discharge) If yes, explain _____

BRANCH OF THE MILITARY	FROM	TO	RANK OR GRADE
_____	____/____/____	____/____/____	_____
_____	____/____/____	____/____/____	_____

EMPLOYMENT HISTORY

List **ALL** areas of employment include any periods of part-time or temporary employment or unemployment (may result in Elimination if **NOT** inclusive.. Do not list Military Service as employment. Attach additional sheets if needed.

FROM: _____ TO: _____

EMPLOYER _____ TELEPHONE: _____

ADDRESS _____

TYPE OF BUSINESS: _____ IMMEDIATE SUPERVISOR _____

JOB TITLE _____ SALARY _____

REASON FOR LEAVING: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITY: _____

FROM: _____ TO: _____

EMPLOYER _____ TELEPHONE: _____

ADDRESS _____

TYPE OF BUSINESS: _____ IMMEDIATE SUPERVISOR _____

JOB TITLE _____ SALARY _____

REASON FOR LEAVING: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITY: _____

FROM: _____ TO: _____

EMPLOYER _____ TELEPHONE: _____

ADDRESS _____

TYPE OF BUSINESS: _____ IMMEDIATE SUPERVISOR _____

JOB TITLE _____ SALARY _____

REASON FOR LEAVING: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND RESPONSIBILITY: _____
_____.

SKILLS AND QUALIFICATION:

Summarize any training, skills, licenses and/or certifications you possess which you feel will be beneficial to you in this position: _____

REFERENCES. Give the NAME, ADDRESS, TELEPHONE, AND OCCUPATION of five (5) reliable persons who have known you a greater part of your life. DO NOT USE RELATIVES, FELLOW EMPLOYEES, FORMER OR PRESENT EMPLOYERS.

NAME AND HOME ADDRESS		YEARS KNOWN	TELEPHONE NUMBER
NAME	OCCUPATION	_____	()_____-_____
Street	City	State	Zip

NAME AND HOME ADDRESS		YEARS KNOWN	TELEPHONE NUMBER
NAME	OCCUPATION	_____	()_____-_____
Street	City	State	Zip

NAME AND HOME ADDRESS		YEARS KNOWN	TELEPHONE NUMBER
NAME	OCCUPATION	_____	()_____-_____
Street	City	State	Zip

NAME AND HOME ADDRESS		YEARS KNOWN	TELEPHONE NUMBER
NAME	OCCUPATION	_____	()_____-_____
Street	City	State	Zip

NAME AND HOME ADDRESS		YEARS KNOWN	TELEPHONE NUMBER
NAME	OCCUPATION	_____	()_____-_____
Street	City	State	Zip

QUESTIONS AND ANSWERS

- Are you legally authorized to work in the United States?----- Yes No
- Have you ever held a position of trust, such as handling money or confidential material?
Yes No
- Have you had a valid driver's license for two (2) years prior to the date of this application?
Yes No
- Has your driver's license ever been revoked or suspended?----- Yes No
- If YES, explain _____
- Have you ever been convicted of a misdemeanor crime? ----- Yes No
- If YES, explain _____
- Have you been convicted of a domestic violence?----- Yes No
- Have you been convicted of a felony crime?----- Yes No
- Have you ever been convicted of a traffic violation? Include moving and non-moving. Yes No
- If YES, explain _____
- Are you currently using illegal drugs?..... Yes No
- Do you drink alcoholic beverages?..... Yes No

CERTIFICATION

I attest to the accuracy and truthfulness of the information provided and that any misstatement of material facts will be grounds for disqualifying me from further consideration in the selection process, or, if hired, grounds for discharge. I further understand that consideration for employment is conditioned upon a reference check, and that the CITY OF RAVENSWOOD is authorized to investigate all statements made by me on the application, to contact former employers and references and to advise contacted persons that they may respond to questions. I hereby release all such persons from any liability of damage resulting from such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the CITY OF RAVENSWOOD and myself for either employment or for the providing of any benefit upon the CITY OF RAVENSWOOD unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and the CITY OF RAVENSWOOD retains the same right.

I understand that prior to being offered employment with the CITY OF RAVENSWOOD I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the CITY OF RAVENSWOOD prior to the administration of the test in order for a reasonable accommodation to be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The CITY OF RAVENSWOOD reserves the right to require medical documentation concerning the need for these accommodations.

I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or part, at any time.

I understand that this application will be retained for one (1) year upon receipt, or after taking action on the application, whichever is later, after which time I would have reapply in accordance with the established CITY OF RAVENSWOOD procedures.

Applicant Signature (BLUE INK)

____/____/____.
Date