## City of Sylvan Lake

## Application for Employment

*Instruction*: All applications for employment must be made on this form. Applicants are urged to consider carefully and understand fully each question and to print the response in the proper blanks. Neatness is important. All information submitted is subject to verification.

| (First)  | (Middle)            | (L               | Last)              |  |
|--|---------------------|------------------|--------------------|--|
|  |                     |                  |                    |  |
| (Number and Street)  |                     | (City and State) | (Zip)              |  |
|  |                     |                  |                    |  |
| (Home Phone)   |                     | (Cell Phon       | e)                 |  |
| (Driverøs license numbe  | r)                  |                  |                    |  |
| When will you be able to start work?   |                     |                  |                    |  |
| Check types of work you would accept:  | Part time Full time |                  |                    |  |
| Schools attended:  |                     |                  |                    |  |
| (Name)   | (Location)          | (Type o          | of Degree received |  |
| (Name)   | (Location)          | (Type o          | of Degree received |  |
| (Name)   | (Location)          | (Type o          | of Degree received |  |
| Please list any other type of training you have received (i.e. work training programs, armed forces, special courses) <i>Estimate the number of training hours</i> . |                     |                  |                    |  |
|  |                     |                  |                    |  |
|  |                     |                  |                    |  |

Act?

|   | descriptions of past duties.                       | 1                   | <b>J J</b>                           |
|---|--|---------------------|--------------------------------------|
|   |  |                     |                                      |
|   |  |                     |                                      |
| _ | (Name and Address of Present or Previous Employer) | (Hours per<br>week) | (Start/End date)                     |
| _ | (Name and Contact information of Supervisor)       |                     | (Starting Salary)<br>(Ending Salary) |
| _ | Reason for leaving:                                |                     | (Zhung Sulury)                       |
| _ | Description of Duties:                             |                     |                                      |
| _ |  |                     |                                      |
| _ |  |                     |                                      |
| _ |  |                     |                                      |
| _ | (Name and Address of Previous Employer)            | (Hours per          | (Start/End date)                     |
|   |  | week)               |                                      |
| _ | (Name and Contact information of Supervisor)       |                     | (Starting Salary)<br>(Ending Salary) |
| _ | Reason for leaving:                                |                     | (Ending Saidily)                     |
| _ | Description of Duties:                             |                     |                                      |
| _ | <u> </u>   |                     |                                      |
| _ |  |                     |                                      |
| _ |  |                     |                                      |
| _ | (Name and Address of Previous Employer)            | (Hours per          | (Start/End date)                     |
|   | (Name and Address of Frevious Employer)            | week)               | (Start/Elid date)                    |
| _ | (Name and Contact information of Supervisor)       |                     | (Starting Salary)                    |
|   | Reason for leaving:                                |                     | (Ending Salary)                      |
| _ |  |                     |                                      |
| _ |  |                     |                                      |

10. *Experience*: Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer job, etc. **NOTE:** We may contact any previous supervisor to verify your

| - |  |
|---|--|
|   | <b>Special Qualifications and Skills:</b> List qualifications and skills you possess which are required for to job for which you are applying, such as a driverøs license (give type and number), typing, computer experience, ability to operate specialized machinery or equipment, or job-related training. |
| • | Have you ever been convicted of a felony in a United States civilian or military court? You may exclude minor traffic violations. A criminal record will not necessarily Yes disqualify you from employment. Your case will be considered in relationship to the No requirement of the particular job.         |
|   | Describe any service with the United States Armed Forces or State Militia. If appropriate, set forth particular branches of service and decorations received.  |
|   |  |
|   | Are you working for or have you ever worked for this municipality? Yes   |
|   | Are you working for or have you ever worked for this municipality? Yes No Do you or your spouse have any relatives working for or holding office in this City? Yes No  |

CERTIFICATION: I certify that all of the statements made in this application form are true, complete and correct, to the best of my knowledge.

I understand that any falsification of this employment application is grounds for refusal or hire, or if hired, immediate dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have,

personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to the City. I authorize the City to request and receive such information.

I understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the City or myself. I understand that no one, other than the City Manager, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Any agreements contrary to the foregoing must be in writing and must be signed by both the City Manager and myself.

| Signature of Applicant |       |
|------------------------|-------|
|                        |       |
| Date                   | <br>_ |

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