

9. VEHICLE OPERATOR'S LICENSE: Give the following information concerning any vehicle operator's license you hold or previously held.

LICENSE CLASS	NUMBER	ISSUING AUTHORITY	EXPIRATION

HAVE YOU EVER HAD A LICENSE SUSPENDED OR REVOKED? YES NO

If yes, state violation, court, jurisdiction and date of conviction:

10. CONVICTION OF A CRIME*

Have you ever been convicted of a misdemeanor or felony? YES NO

If yes, state violation, court, jurisdiction and date of conviction:

* The existence of a conviction does not automatically disqualify applicant from employment with the City. The City will determine applicant's suitability for the position.

EDUCATION

A. List all elementary, junior high and senior high schools attended. (Verification will be required, during background / reference process.)

NAME AND ADDRESS	Diploma or Equivalent
	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>
	YES <input type="checkbox"/> NO <input type="checkbox"/>

B. Higher Education: List all Colleges or Universities attended. (Verification will be required, during background/ reference process.)

NAME AND ADDRESS	ATTENDED Number of Years	DEGREE
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

C. Other schools or training (trade, vocational, military). Give for each the NAME and LOCATION of the school, dates attended, subjects studied, certificate earned and any other pertinent data.

NAME AND ADDRESS	ATTENDED Number of Years	CERTIFICATE/ DIPLOMA
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

11. SPECIAL QUALIFICATIONS AND SKILLS

A. Indicate any type of special license such as pilot, radio operator, etc. List licensing authority, where the license was first issued and dates any current licenses expire.

B. Special skills you possess and machines and equipment you can use. (For example, computer programmer, polygraph operator, vehicle inspection mechanic, scientific or professional devices):

C. Special qualifications not covered in the application: (For example, your most important publications, patents, inventions, public speaking, membership in professional or scientific societies, honors and fellowships received, specialized training, apprenticeship skills, etc.)

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12. EMPLOYMENT: Begin with your most recent job and list your work history for the past ten (10) years, including part-time, temporary, seasonal employment and all periods of unemployment.

DATE	NAME, ADDRESS & PHONE #	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

DATE	NAME, ADDRESS & PHONE #	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

DATE	NAME, ADDRESS & PHONE #	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

DATE	NAME, ADDRESS & PHONE #	JOB TITLE	REASON FOR LEAVING
FROM			
TO		DESCRIPTION OF DUTY	
SALARY	SUPERVISORS NAME	CO-WORKERS NAME	

If additional employer blocks are needed, please use attached sheet.

Have you ever been discharged, asked to resign, furloughed or put on inactive status for any reason, or subject to disciplinary action while in any position? Yes No If "YES", state reason:

Have you ever resigned after being informed your employer intended to discharge you for any reason? Yes No

If "YES", explain, giving name and address of employer, approximate date, and reasons in each case:

13. MILITARY STATUS

Yes No Have you ever served in the U.S. Armed Forces? If "YES", verification of Veteran's status may be required.

Yes No Are you requesting consideration of Veterans preference?

Yes No While in Military Services were you ever convicted for any crime graded as a misdemeanor or felony?

If "YES", give date, place, law enforcement agency or type of court or court martial, charge and action taken for each incident. (Use attached sheet.)

Describe any job-related training received in the United States Military:

14. CHARACTER REFERENCES: List five (5) character references. (**DO NOT** list relatives, former employers, or persons living outside of the United States.)

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

15. PROFESSIONAL REFERENCES: (**DO NOT** include any individuals who are related to you).

NAME	ADDRESS	HOME PHONE	WORK PHONE	YEARS KNOWN

16. If you are under 18 years of age, can you provide required proof of eligibility to work?

Yes No

17. Have you ever filed an application with us before?

Yes No If Yes, give date _____

18. Have you ever been employed by us before?

Yes No If Yes, give date _____

19. Are you currently working? Yes No

20. May we contact your present employer? Yes No

21. On what date would you be available for work? _____

22. Are you available to work: Full Time Part Time Shift Work Temporary/Seasonal

23. Can you travel if a job requires it? Yes No

24. Have you ever applied for a position with any other governmental agencies? Yes No

If "YES", provide the details:

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE ESSENTIAL 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

Signature

Date

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby authorize all current and former employers, educational institutions and references to release information relevant to my application for employment and I release the City, all current and former employers, educational institutions and references from any and all liability related to the release of such information.

This application for employment shall be considered active through the completion of the next examination process following submittal of the application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature

Date

