

City of Sturgeon ~ Employment Application
Office

Position Applied for: _____ **Full Time** ____ **Part Time** ____ **Date:** _____

Name _____
(last) (First) (Middle)

Social Security # _____ **Phone # Home:** () _____
Other: () _____

Are you a U.S. Citizen? _____ **Expected salary: \$** _____ **Per** _____

Address: _____ [_____] _____
(Street) (City) (State) How Long?

Previous Address _____ [_____] _____
(if less than 3 yrs) (Street) (City) (State) How Long?

Are you related to anyone employed by the City of Sturgeon? _____ **If yes, please state name & title:** _____

Have you been employed by the City of Sturgeon previously? _____ **If yes, please state dates:** _____

Have you served in the Military: _____

Are you bondable? Yes _____ No _____

Have you even been convicted of a Felony or Misdemeanor? _____ **If yes, please explain:** _____

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Work Experience:

Please answer YES or NO to the following questions:

Have you had experience in the following areas?

Preparing Budgets _____
Financial Reports _____
Taking Minutes _____
Payroll _____
Accounts Payable _____
Accounts Receivable _____
Cash Handling _____
Bills/Ordinances _____
Bank Reconciliation _____
Filing _____

Computer Programs:

Quick Books _____
Microsoft Excel _____
Microsoft Word _____
Microsoft Power Point _____
Microsoft Access _____
Other _____
Please List: _____

Can you operate the following equipment?

Computer _____
Adding Machine _____
Copier _____
Scanner _____
Fax _____
Typewriter _____

Please describe any related work experience that you have or qualifications that you have that you feel would be beneficial to the City of Sturgeon:

Work History

List Previous employes for the last five years (beginning with the most recent or current)

	Name and Address Name of Supervisor	Date Hired/ Date left	Type of Work	Wages/ per hour	Reason for Leaving	May we contact?
(1)						Y
						N
(2)						Y
						N
(3)						Y
						N
(4)						Y
						N

Education

Please begin with high school & include any college, vocational or technical training:

Name and Address	Major Courses	Degree	Year Graduated

Authority for Release of Information and Waiver

I, _____ do hereby authorize a review of full disclosure of all records concerning myself to any duly authorized agent of the City of Sturgeon, whether the said records are of a public, private or confidential nature. I understand that such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans; employment and re-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; the results of any polygraph examinations and the records and recollections of attorney at law, or civil, in which I presently have, or have had an interest. I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I have/hold such privilege.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or part, upon its release authorization will be considered in determining my suitability for employment by the City of Sturgeon. I understand that all materials pertaining to this background investigation become the property of the City of Sturgeon and will not be returned to me. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in anyway; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even through the said photocopy does not contain and original writing of my signature.

Full Name (Print, include maiden name)

Date of Birth

Address

Social Security Number

City/State/Zip Code

Phone (include area code)

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____.