



THE CITY OF POINT IS AN EQUAL OPPORTUNITY EMPLOYER



**POSITION FOR WHICH YOU ARE APPLYING**

PLEASE WRITE CLEARLY, OR TYPE AND ANSWER ALL QUESTIONS

Questionnaire (if applicable) must be completed and submitted with application

DATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST: FIRST: MIDDLE:

ADDRESS: \_\_\_\_\_  
NUMBER: STREET: CITY: STATE: ZIP:

CELLPHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

Are you known to employers/references/schools by another name?

- YES NAME: \_\_\_\_\_
- NO

Have you worked for the City of Point before or do you now?

- YES DATES: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_
- NO

Have you been convicted of a crime?

- YES EXPLAIN: \_\_\_\_\_
- NO

Have you ever had any traffic violations:

- YES EXPLAIN: \_\_\_\_\_
- NO

INFORMATION REGARDIING CONVICTION RECORD WILL NOT NECESSARILY BAR AN APPLICATICANT FROM EMPLOYMENT: INDIVIDUAL CIRCUMSTANCES WILL BE CONSIDER RELATIVELY TO THE JOB SOUGHT.

How did you hear about us? \_\_\_\_\_

EDUCATIONAL BACKGROUND (attach copies of transcripts)						
	YEAR GRADUATED	INSTITUTION CITY & STATE	DEGREE OR CERTIFICATE	MAJOR AREA OF STUDY	CREDIT HOURS	ACADEMIC YEARS
HIGH SCHOOL						
COLLEGE / UNIVERSITY						
GRAD SCHOOL						
VOCATIONAL TECHNICAL						

**WORK EXPERIENCE - List your last three employers or last three positions, starting with the most recent. Attach a Supplement Employment Application or other pages if you want to include more positions.**

MONTH AND YEAR	NAME / ADDRESS OF EMPLOYER	REASON FOR LEAVING	PAID EMPLOYMENT EMPLOYMENT		UNPAID
FROM: _____ TO: _____	_____	_____	Full-Time	_____	Part-Time
			Ending pay \$	_____	per
TITLE: _____			DUTIES: _____		
List computer skills used in this position:					
Largest number of people supervised _____		Supervisor's name _____		Supervisor's Phone Number _____	
MONTH AND YEAR	NAME / ADDRESS OF EMPLOYER	REASON FOR LEAVING	PAID EMPLOYMENT EMPLOYMENT		UNPAID
FROM: _____ TO: _____	_____	_____	Full-Time	_____	Part-Time
			Ending pay \$	_____	per
TITLE: _____			DUTIES: _____		
List computer skills used in this position:					
Largest number of people supervised _____		Supervisor's name _____		Supervisor's Phone Number _____	
MONTH AND YEAR	NAME / ADDRESS OF EMPLOYER	REASON FOR LEAVING	PAID EMPLOYMENT EMPLOYMENT		UNPAID
FROM: _____ TO: _____	_____	_____	Full-Time	_____	Part-Time
			Ending pay \$	_____	per
TITLE: _____			DUTIES: _____		
List computer skills used in this position:					
Largest number of people supervised _____		Supervisor's name _____		Supervisor's Phone Number _____	

**OTHER EMPLOYMENT:** (Account for all employments in at least the last 10 years)

Name and Address of Company	Position Held	Employment Dates

**VOCATIONAL LICENSES/REGISTRATIONS** (Attach copy of documents)

TYPE	LICENSES/REGISTRATION NUMBER	ISSUING AUTHORITY	ISSUE DATE	EXPIRATION DATE

Computer skills (name software and hardware) \_\_\_\_\_

Supplemental work experience \_\_\_\_\_

**References include** supervisors and persons **we may contact** to verify your performance and qualifications.

Name	Occupation	Mailing Address
Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization	Phone (Day)
Name	Occupation	Mailing Address
Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization	Phone (Day)
Name	Occupation	Mailing Address
Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization	Phone (Day)
Name	Occupation	Mailing Address
Supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Organization	Phone (Day)

**AFFIRMATION**

I affirm that the facts set forth above in my application for employment are true, correct and complete to the best of my knowledge. I understand that I maybe required to submit information not requested on this application form; that the employing agency may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand and agree that, if hired, my employment would be contingent upon me providing documents verifying my identity and as well as conditions specific to the position for which I am applying. I also understand that any omission or erroneous information provided in any part of the employment process would be sufficient cause for discharge, I agree that the employing agency may, at its sole discretion, provide compensatory *time-off* in lie of overtime pay if I were employed in a non-exempt position and if were no existing agreement to the contrary.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**