

# City of Seymour Employment Application Form

If you need assistance completing this form, assistance will be provided.

Equal Opportunity Employer – Discrimination in employment because of race, religion, creed, color, national origin, ancestry, age, sex, or liability for service in the Armed Forces of the United States is prohibited by City policy. In addition, the City employment policy requires compliance with national and state employment practices, laws, and regulations. The City of Seymour is an equal opportunity employer.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last                      First                      Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## General Information

Are you 18 years or older?     Yes     No    If no, state age: \_\_\_\_\_

What type of Drivers License do you hold?     None     Operators     Commercial     Other

Has the City of Seymour ever employed you?     Yes     No

If yes, state department(s) and date(s): \_\_\_\_\_

Do you have relatives working for the City of Seymour, in the department for which you are applying?

Have you ever pled guilty to or been convicted of a felony?     Yes     No

If yes, explain. (Note: This answer will be considered only as it relates to fitness to perform the job)

Are you seeking work:     Full-time     Part-time     Temporary

Position (s) applying for: \_\_\_\_\_

If not applying for a specific position, indicate other preferred job (check one area below):

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="radio"/> Officials & Administrators | <input type="radio"/> Technician    | <input type="radio"/> Clerical / Office |
| <input type="radio"/> Professional               | <input type="radio"/> Skilled Craft | <input type="radio"/> Laborer           |

## Education

School	Name & Location	Last year Completed	Major	Did you Graduate?
Grade School				
High School				
Technical				
College				
Other				

Other education related information: \_\_\_\_\_

## Military Data

Dates of Service:                      From: \_\_\_\_\_ To: \_\_\_\_\_

## Employment History

Most recent experience first – Include ALL employers for the past four years. Explain any gaps in employment.

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date You Left: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Wage: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date You Left: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Wage: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date You Left: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Wage: \_\_\_\_\_

4. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date Started: \_\_\_\_\_ Date You Left: \_\_\_\_\_ Supervisors Name and Title: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_ Wage: \_\_\_\_\_

May we contact the employers listed above?       Yes       No

## Personal References

Please list three individuals who are not related to you, do not live with you, and have known you for three years.

Name	Address	Telephone Number	Relationship	How long have you known this person?

## Additional Information

Can you show proof of eligibility to work in the U.S.?       Yes       No

If offered employment with the City, federal law will require you, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents cannot work for the City.

I authorize anyone whom request is made to supply the City any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the City and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand falsification, misrepresentation, incomplete information, or omission of facts called for on this application will result in dismissal.

I understand and hereby acknowledge that if I am offered and accept employment with the City, my employment and compensation may be terminated with or without cause and with or without notice at any time at the option of the City. I further understand that this application for employment is not a contract of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_