

Driver's License #: _____

DOB _____

CITY OF CONVERSE
EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job related medical condition, disability or any other legally protected status.

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

PRESENT ADDRESS

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER: _____

SS NUMBER: _____

REFERRED BY: _____

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED NOW:

IF SO, MAY WE INQUIRE ON
YOUR PRESENT EMPLOYER:

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE:

WHEN?

ARE YOU PHYSICALLY CAPABLE OF PERFORMING THE ESSENTIAL FUNCTIONS OF THE
POSITION APPLIED FOR? YES _____ NO _____

EDUCATION

NAME & LOCATION

YEARS
ATTENDED

DATE
GRADUATED

SUBJECTS
STUDIED

GRAMMAR
SCHOOL

HIGH
SCHOOL

COLLEGE

TRADE, BUSINESS
OR CORRESPONDENCE
SCHOOL

Describe any specialized training, apprenticeship, skills and extracurricular activities:

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

FROM	Name	Address/Phone	Reason for leaving
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	PHONE #	BUSINESS	YEARS ACQUAINTED
1.					
2.					
3.					

“I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.”

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE.

DATE _____ SIGNATURE _____

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

TO:

I hereby authorize you to furnish the City of Converse Police Department any information you may have concerning me, including information relating to my reputation, education, employment, financial, criminal history, driving record, credit status, and physical and mental health. This information will be used to assist the City of Converse in determining my qualifications and fitness for any position with the City of Converse.

I hereby release you from any liability or damage, which may result from furnishing the information above. Further, I hereby expressly waive and release any special right of access I may have under any statute or the common law to the information you furnish about me to the City of Converse Police Department.

Applicants Signature Date

Address

Witness Date

Title