

CITY OF GAS EMPLOYMENT APPLICATION

The City of Gas is an Equal Opportunity Employer. The City of Gas will consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected class.

Date _____	Position Applied for: _____			
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____				
Name _____				
_____	_____	_____	_____	
Last	First	Middle	(Nickname)	
Address _____				
_____	_____	_____	_____	_____
Number	Street	City	State	Zip Code
Telephone _____ Social Security # _____ / _____ / _____ Drivers License _____ State _____				

If under 18 years old, can you provide proof of eligibility to work?..... ☐ No ☐ Yes

Have you filed an application with the City of Gas before?..... ☐ No ☐ Yes Give date _____

Have you ever been employed by the City of Gas before? ☐ No ☐ Yes Give date _____

Are you related to anyone currently employed by the City of Gas? ☐ No ☐ Yes Give Name _____

Are you currently employed? ☐ No ☐ Yes

May we contact your present employer? ☐ No ☐ Yes

Are you prevented from lawfully being employed in this country due to Visa or Immigration Status? ☐ No ☐ Yes
(Proof of citizenship or immigration status will be required of all new employees upon employment)

On what date would you be available for work? _____

Are you interested in working: ☐ Full Time ☐ Part Time ☐ Seasonal

Are you on a lay-off and subject to recall? ☐ No ☐ Yes

Are you willing to travel if a job requires it? ☐ No ☐ Yes

Have you been convicted of a DUI within the last 5 years? ☐ No ☐ Yes
(Conviction will not necessarily disqualify applicant from employment)

Have you been convicted of a felony within the last 7 years? ☐ No ☐ Yes
(Conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

Education & Training

	Name & Address of School	Course of Study	Years Completed	Diploma/Degree Completed
Elementary				
High School				
Comm. College				
Undergraduate				
Graduate				
Other (Specify)				

Please list/Describe any specialized training, apprenticeship, certifications, skills, special job-related skills and qualifications:

List professional, trade, business or civic activities and offices held: *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)*

Describe any job-related training received during military service:

Additional Training

Specialized Skills [Check skills you possess and list equipment you can operate]

Computer / (Type)

☐ Word Processing /

☐ Spreadsheets /

☐ Database /

Other

☐ Typewriter

☐ Calculator

☐ Fax Machine

Machinery & Equipment / (Type)

☐ Backhoe /

☐ Road Grader /

☐ Welder /

☐ Other /

☐ Other /

☐ Other /

☐ Other /

Please state any additional information you feel may be helpful to us in considering your application:

References

1. (Name)

() (Phone Number)

(Address)

(Relationship)

2. (Name)

() (Phone Number)

(Address)

(Relationship)

3. (Name)

() (Phone Number)

(Address)

(Relationship)

Employment History

Start with your present or last job. Include military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1	Employer	Dates Employed		Describe work performed
		From	To	
	Phone Number			
	Address	Hourly Rate / Salary		
		Starting	Current	
Job Title				
Reason for leaving				

2	Employer	Dates Employed		Describe work performed
		From	To	
	Phone Number			
	Address	Hourly Rate / Salary		
		Starting	Current	
Job Title				
Reason for leaving				

3	Employer	Dates Employed		Describe work performed
		From	To	
	Phone Number			
	Address	Hourly Rate / Salary		
		Starting	Current	
Job Title				
Reason for leaving				

4	Employer	Dates Employed		Describe work performed
		From	To	
	Phone Number			
	Address	Hourly Rate / Salary		
		Starting	Current	
Job Title				
Reason for leaving				

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. This application shall be considered active for a period of time no to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I understand and acknowledge, unless otherwise defined by applicable law, that all employment relationships with the City of Gas are “at will”, which means an employee may resign at any time with or without notice and the Employer may discharge an Employee at any time with or without cause and with or without notice. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I also understand that if I am employed by the City of Gas, false or misleading information provided on my application or discovered during the course of an interview, may result in discharge. I further understand that if employed, I am required to abide by all rules and regulations of the City.

Signature of Applicant _____ Date _____

RELEASE OF INFORMATION

To: Any Local, State, or Federal Law Enforcement Agency, Insurance Agency, Any Past or Present Employer.

I, _____, have applied for an employment position with the City of Gas. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request the release of any and all information you have concerning me to the City of Gas or its designee.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

Current Address: _____

Previous Name Used: _____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Driver's License No.: _____

City and State of Residence for previous ten (10) year period:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Given under my hand, this _____ day of _____, 20____

Applicant Signature _____ Date _____

Witness Signature _____ Date _____