

EMPLOYMENT APPLICATION

The City of Olivette is an equal opportunity employer. All employment applications are reviewed based upon their qualifications, skills, and abilities for the position, with or without accommodation. Every applicant is considered regardless of race, color, religion, ancestry, gender, age, national origin, disability, military or veteran status, or any other protected status.

Position Seeking:	Date:
How did you learn of this position? <input type="checkbox"/> City website <input type="checkbox"/> Social Media <input type="checkbox"/> Indeed <input type="checkbox"/> Professional Organization <input type="checkbox"/> Other _____	

PERSONAL INFORMATION		
Last Name	First Name	Middle Initial
Mailing Address		
Cell Phone:	Email Address	
Are you legally eligible for employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work? <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal/Temporary	
To the best of your knowledge, would you be able to perform all the essential functions of the position, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of your relatives employed by the City of Olivette? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state your relative's name: _____	

EDUCATIONAL INFORMATION
Highest Education: <input type="checkbox"/> Some High School <input type="checkbox"/> High School /ED <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Postgraduate
High School/GED: _____ Location _____
College/University Attended _____
Major _____ Units Completed _____
Unit Type <input type="checkbox"/> Semester <input type="checkbox"/> Quarter Degree(s) completed _____
Trade/Business School Attended _____ City/State _____
Course of study completed _____
List any specialized training, certificate, accreditation, license, or special skills etc: _____

PLEASE COMPLETE ALL FOUR PAGES

WORK EXPERIENCE

Please list your employment for the past seven (7) years, with the most recent employment first. Please include all jobs within last seven (7) years and use summary area following this section if necessary.

Employer 1: _____ Job Title: _____

Start Date _____ End Date _____ Hours/Week _____ Salary/Hourly Rate \$ _____

Address: _____

Supervisor's Name: _____ Phone: _____

May we contact your supervisor? Yes No

Responsibilities: _____

Reason for Leaving: _____

Employer 2: _____ Job Title: _____

Start Date _____ End Date _____ Hours/Week _____ Salary/Hourly Rate \$ _____

Address: _____

Supervisor's Name: _____ Phone: _____

May we contact your supervisor? Yes No

Responsibilities: _____

Reason for Leaving: _____

Employer 3: _____ Job Title: _____

Start Date _____ End Date _____ Hours/Week _____ Salary/Hourly Rate \$ _____

Address: _____

Supervisor's Name: _____ Phone: _____

May we contact your supervisor? Yes No

Responsibilities: _____

Reason for Leaving: _____

Summarize other employment and/or relevant experience to complete seven years employment history. Please include employer name, job title, and employment dates.

REFERENCES
Please provide three professional references

Full Name	Relationship
Employer:	Phone
Email Address	Years Known

Full Name	Relationship
Employer:	Phone
Email Address	Years Known

Full Name	Relationship
Employer:	Phone
Email Address	Years Known

MILITARY SERVICE		
Branch	Service Start Date	Service End Date
Rank at Discharge	Type of Discharge	
If not an Honorable Discharge, please explain		

DISCLAIMER AND SIGNATURE
<ol style="list-style-type: none"> 1. I certify that all statements are true and complete to the best of my knowledge. I authorize investigation of all information contained in this application. 2. I authorize any person, organization or company listed on this application to furnish to the City of Olivette any and all information concerning my previous employment, education and qualifications for employment, and hereby release any such person, organization or company from any liability that may result from furnishing such information. 3. I understand that any falsification, misrepresentation, or omission of facts called for herein will be sufficient cause for rejection of my application for employment. In the event I am employed, I understand that I may be terminated from employment in the event of any falsification, misrepresentation or omission of facts called for herein. 4. I understand that any position I am offered may be contingent upon my passing a physical examination, drug/alcohol test, and/or criminal background screening. I authorize the City of Olivette to obtain a copy of my criminal record from any law enforcement agency for use in processing this application. 5. I understand, based on the position I have applied for, I may be subject to additional testing/screening, including but not limited to a personality profile assessment. I further understand that I may be subject to a credit check in compliance with the Fair Credit Reporting Act (FCRA) regulations, and that if I am, I will be provided additional forms for this purpose. 6. I understand, if I am employed by the City of Olivette, that I will be required to provide verification of my identity and employment authorization to work in the U.S. I understand and agree to the information above. <p style="margin-top: 20px;">By entering your name and date below, you are legally signing your application.</p> <p style="margin-top: 20px;">Signed: _____ Date: _____</p>