



City of North Pole

Application for Employment
An Equal Opportunity Employer

Personal Please Print Clearly

Full Name: Last		First	Middle	Social Security Number:	
Present Mailing Address			City	State	Zip Code
Contact Telephone Number & Area Code		Alternate Contact Telephone Number & Area Code		If Under 18 years, MO/ Day/Year Date of Birth / /	
List Permanent Address if different than above:					
Previous Address for last three (3) years:					
US Citizen: NO <input type="checkbox"/> YES <input type="checkbox"/>		Non-US Citizen – Please indicate U.S. Visa Status: <input type="checkbox"/> Permanent <input type="checkbox"/> Student <input type="checkbox"/> Exchange Student <input type="checkbox"/> Visitor <input type="checkbox"/> Work Permit <input type="checkbox"/> Other (explain)			
How Referred to the City:		Have you ever applied to the City of North Pole? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, when?	If Yes, what job?
Have you ever been employed by the City of North Pole? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what were the dates of employment?			

U.S. Military

Branch of Service:	From: (Mo/Yr)	Date of Discharge:	Rank at Discharge:	Type of Discharge:
What type of work did you perform:		What specialized training did you receive?		

Employment

Type of Employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Date Available for Work:	Can you work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No Work Overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specialized Office Skills: Typing: WPM Dictation: WPM	P.C.s and Office Machines Operated:	
Computer Software Programs used:		
Position Applying For:		

Education

Name and Location of High School: (If not a High School graduate indicate total years of school completed:)							Graduation Date: (Mo/Yr)	
Name and Location of College, Trade Or Business School:	Dates Attended (Mo/Yr)		Fields of Study	Graduated/Degree		Type	Number of Credits	
				Yes or No	Date (Mo/Yr)		Semester	Quarter
	From	To						

Activities/Honors

List School, Civic or Business Activities and Offices held and any awards or honors:
Hobbies, Leisure Time Interests:

Employment History (Show all previous employment)

Employment record starting with present or latest employer, including summer employment (if space provided is not sufficient, attach a separate page) For any unemployed or self employed periods, show dates and locations on last page.				
Dates From & To			Employer's Name & Address – City and State	Description of Duties, Equipment used and Responsibilities
To	Month	Year	Present or Last Employer:	
			Address:	Telephone:
From			Starting Position:	Salary:
			Final Position:	Salary:
			Reason for Leaving:	
To	Month	Year	Employer:	
			Address:	Telephone:
From			Starting Position:	Salary:
			Final Position:	Salary:
			Reason for Leaving:	
To	Month	Year	Employer:	
			Address:	Telephone:
From			Starting Position:	Salary:
			Final Position:	Salary:
			Reason for Leaving:	
To	Month	Year	Employer:	
			Address:	Telephone:
From			Starting Position:	Salary:
			Final Position:	Salary:
			Reason for Leaving:	

Employment History (Continued)

Dates From & To			Employer's Name & Address – City and State		Description of Duties, Equipment used and Responsibilities	
To	Month	Year	Employer:			
			Address:	Telephone:		
From			Starting Position:			Salary:
			Final Position:			Salary:
	Reason for Leaving:					
To	Month	Year	Employer:			
			Address:	Telephone:		
From			Starting Position:		Salary:	
			Final Position:		Salary:	
	Reason for Leaving:					
To	Month	Year	Employer:			
			Address:	Telephone:		
From			Starting Position:			Salary:
			Final Position:			Salary:
	Reason for Leaving:					
To	Month	Year	Employer:			
			Address:	Telephone:		
From			Starting Position:		Salary:	
			Final Position:		Salary:	
	Reason for Leaving:					
To	Month	Year	Employer:			
			Address:	Telephone:		
From			Starting Position:			Salary:
			Final Position:			Salary:
	Reason for Leaving:					

References

Give the names of 4 persons to whom you are not related, and who was not an employer. These people should have known you for several years.

Name	Address (Street/PO Box, City, State, Zip Code)	Phone #	Occupation	Years Known

Relatives in City Employment

Give names of any relative, including those by marriage, in the employ of the City of North Pole:

Name:	Occupation:	Relationship:

Additional Information

Have you ever been convicted for violating any law? (Exclude traffic convictions that were \$25.00 or less) Yes No

If yes: Where: _____ When: _____ Conviction: _____

Have you ever been imprisoned as a result of a criminal conviction? Yes No

If the answer is yes to any of the above questions, please give details: _____

May we call your present employer at this time? Yes No If you checked no, we will not contact your present employer until a formal job offer has been extended

Do you have any commitments to another employer that might affect your employment with the City of North Pole? Yes No

If hired, will you be able to work during the normal days and hours required for the position for which you are applying? Yes No

Are you willing and physically able to travel out of town locations, including overnight trips? Yes No

Do you have a valid drivers license? Yes No

Are you willing to undergo a physical examination by a physician to prove that you are physically able to perform the tasks of the job for which you have applied? Yes No

Do you have all the licenses and professional certifications listed in the job announcement, job advertisement, or job description, or that are necessary to perform the job for which you are applying? Yes No

Do you know of any reason that might make it difficult for the City of North Pole to obtain surety bonding insuring your honesty? If yes, explain: Yes No

Authorization For Background Information

General Release

I authorize the City of North Pole and its agents to investigate, now and during my employment, my past employment, education, and activities, and to request and receive any information concerning me, including but not limited to, criminal history and public records from any persons, entities, schools, companies, corporations, partnerships, associations, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

I further release, discharge, and hold harmless the City of North Pole, its agents, any persons, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications.

I agree that if any investigation at any time reveals that I provided false information to, or omitted information from the City of North Pole, then disciplinary action may occur including termination of my employment with the City of North Pole, without liability.

I understand that, like all other City of North Pole forms, this form does not alter the employment at will relationship. I may terminate my employment at any time without cause and the City of North Pole retains the same right.

I understand that if I am employed, evidence of U.S. resident status and appropriate evidence of date of birth will be required. In the event I am selected for employment by the City of North Pole, I understand as a condition of employment, I am subject to a physical examination that will determine my physical ability to perform the work required.

I understand that I can make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation to the extent required under the Truth in Lending Act

Printed Name of Applicant:

Other Known Names: (Maiden Name and/or Aliases)

Signature:

Date: