



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: <input type="checkbox"/> YES <input type="checkbox"/> NO | | 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? | | |
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| | | | | |

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 applied for: | | |

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: | | | | | |
| | | | | | | |

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 |
| | | | | |
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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: |
| | | |
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Additional Information

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|---|
| <p>Have you ever been convicted for violating any law? (Exclude traffic convictions that were \$25.00 or less) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: Where: _____ When: _____ Conviction: _____</p> <p>Have you ever been imprisoned as a result of a criminal conviction? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer is yes to any of the above questions, please give details: _____</p> |
| <p>May we call your present employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked no, we will not contact your present employer until a formal job offer has been extended</p> |
| <p>Do you have any commitments to another employer that might affect your employment with the City of North Pole? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>If hired, will you be able to work during the normal days and hours required for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Are you willing and physically able to travel to out of town locations, including overnight trips? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>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: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

I authorize the City of North Pole to investigate all statements contained in this application for employment. I understand that any misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for employment or dismissal from the City of North Pole if I became unemployed. I understand that if I am employed, evidence of U.S. resident status and appropriate evidence of date of birth may 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 authorize the City of North Pole to access confidential and proprietary information and systems about me. The City of North Pole is authorized to obtain information about me from third parties such as business associates, financial sources, present and previous employers, educational background, current and previous residence for the last five years and any conviction records available.

I understand that I 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)

Date:

Signature: