

**City of Spencer**  
**Application for Employment**  
**An Equal Opportunity Employer**

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or disability.

Date: \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Are you 18 years of age or older? *Yes No* Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_  
Name Address Telephone

Can you, after employment, submit verification of your legal right to work in the U.S. *Yes No*

Have you ever been convicted of a felony? *Yes No* (A conviction record will not necessarily be a bar to employment; the circumstances will be considered.)

**EMPLOYMENT DESIRED:**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ DESIRED SALARY \_\_\_\_\_

Are You Employed Now? *Yes No* If so, may we inquire of your present employer? *Yes No*

Ever Applied to the City of Spencer before? *Yes No* If so, which Department? \_\_\_\_\_ When? \_\_\_\_\_

Apart from absence for religious observance, are you available full time? *Yes No* If not, what hours can you work? \_\_\_\_\_

Will you work overtime if needed? *Yes No*

**EDUCATION:**

<u>School Level</u>	<u>Name &amp; Location</u>	<u>No. of Years</u>	<u>Did you graduate?</u>	<u>Course of Study</u>
Grammar School				
High School				
College				
Other				

List other special training that may pertain to this position: \_\_\_\_\_

\_\_\_\_\_

If the job requires completion of specific course of training, indicate that which you have completed. \_\_\_\_\_

If the job requires the operation of specific machinery or specific skills, list those at which you are competent. \_\_\_\_\_

Have you used various types of office equipment? If so, please list. \_\_\_\_\_

**FORMER EMPLOYERS: (please list the most recent first)**

Company Name	Telephone
Address	Dates of employment
Name of Supervisor	Weekly pay Starting \$ Last\$
Job Title & Description of Work	Reason for leaving

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We may contact the employers listed above, unless you indicate those that you do not want us to contact. Do not contact:

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Reason

**REFERENCES:** Give below the name of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1.			
2.			
3.			

**OTHER:**

Do you have a valid driver's license? *Yes No* Is so, what type of driver's license do you have? \_\_\_\_\_

Special Skills & Training not previously listed: \_\_\_\_\_

Have you ever been bonded? *Yes No* If Yes, with what employer(s): \_\_\_\_\_

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? *Yes No* If yes, please describe in full. \_\_\_\_\_

State names of relatives and friends working for the City of Spencer. \_\_\_\_\_

Any additional information that you would like to give us: \_\_\_\_\_

**SERVICE RECORD: (Requires Documentation)**

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in National Guard or Reserves \_\_\_\_\_

Date of Obligation From \_\_\_\_\_ to \_\_\_\_\_

Have you been awarded a Purple Heart? *Yes No* Do you qualify for Veteran's Preference *Yes No Don't Know*

**AUTHORIZATION – READ CAREFULLY**

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.

I CERTIFY THAT THIS APPLICATION CONTAINS NO MISREPRESENTATIONS OR FALSIFICATIONS GIVEN BY ME AND IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MIS-REPRESENTATION OR FALSIFICATION, MY APPLICATION WILL BE REJECTED, I WILL BE DISMISSED FROM THE SERVICE AND I WILL BE DISQUALIFIED FROM APPLYING IN THE FUTURE FOR ANY POSITIONS WITH THE CITY OF SPENCER. I FURTHER AUTHORIZE THE CITY OF SPENCER TO MAKE ALL NECESSARY AND APPROPRIATE INVESTIGATIONS TO VERIFY THE INFORMATION CONTAINED HEREIN.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

