APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Last Name	First Name	Middle
Address		
Home Phone	Cell Phone	Email
Position Desired	Desired Salary	Date Available

Please select types of work: ☐Full-Time ☐Part-Time ☐Temporary ☐Days ☐Evenings ☐Nights

Have you ever been employed with the City of Venus? ☐Yes ☐No If so, when?
What position did you hold? Reason for leaving?

Are you related by blood or marriage to anyone working in this organization, including Council members? Yes No
If so, whom are you related to and what position do they hold?

Are you over the age of 18? ☐Yes ☐No	Have you been fired or asked to resign from a job within the past five 5 years? ☐Yes ☐No

Military Service Branch	From	To

Rank at Discharge	Type of Discharge	If other than honorable, explain:

WORK AUTHORIZATION: Do you have the legal right in the United States? ☐Yes ☐No

EDUCATION: Did you graduate from high school? ☐Yes ☐No If yes, what school?
If no, do you have your GED? ☐Yes ☐No If no, highest level completed?

College/University	# of Years	Major	Minor	Hours Completed	Degree Earned	Date Earned

Vocational/Trade School	# of Years	Area of Study	Certificate Received	Date Earned	Expiration Date

License/Certification Held:	Expiration Date:
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DRIVING CLASSIFICATION AND RECORD:

Do you have a Commercial Driver License (CDL)? ☐Yes ☐No	If yest, please list class and endorsements?	Issued any citation or ticket for any motor violations within the past three (3) years? ☐Yes ☐No

Motor Violation	**Date Received**
Motor Violation	**Date Received**

EMPLOYMENT HISTORY: Beginning with the most recent (Please explain any gaps in employment)

May we contact this employer for a reference? □Yes □No **Current Employer:**			From	To
Address	City	State/Zip	Phone	Email
Ending Salary	Supervisor		Reason for wanting to leave?	
Title & Duties:				

May we contact this employer for a reference? □Yes □No **Last Employer:**			From	To
Address	City	State/Zip	Phone	Email
Ending Salary	Supervisor		Reason for Leaving?	
Title & Duties:				

May we contact this employer for a reference? □Yes □No **Previous Employer:**			From	To
Address	City	State/Zip	Phone	Email
Ending Salary	Supervisor		Reason for Leaving?	
Title & Duties:				

May we contact this employer for a reference? □Yes □No **Previous Employer:**			From	To
Address	City	State/Zip	Phone	Email
Ending Salary	Supervisor		Reason for Leaving?	
Title & Duties:				

Summarize all other previous employment and explain any lapses in your employment history:

SPECIAL QUALIFICATIONS AND SKILLS:

Please list any specialized skills, technical knowledge, or training you possess that may be applicable to the position you are applying for. Include any software, machinery, or equipment you are able to use.

REFERENCES:

Please list four (4) professional references whom you have known at least four years. ***Do NOT include relatives or former employers.***

Full Name	Occupation	Relationship	Phone Number

REFERENCE CHECK AUTHORIZAITON:

I authorize any person or organization listed in this application and/or whose name I have given as a character reference and/or by whom I have been previously employed and/or any educational institution I have listed on this application to furnish any information they may have concerning me to the City of Venus. I understand that the information provided by me may be used for the purpose of determining eligibility. My previous employers may be contacted, unless otherwise noted by me on this application or in writing. I hereby release, indemnify, and hold harmless any governmental entity, employer, and person furnishing or receiving records and information about me.

By typing your name into this section, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this agreement. You consent to be legally bound by this agreement's terms and conditions. You further agree that your use of a keypad, mouse, or another device to select an item, button, icon, or similar act/action is acceptance and agreement as if actually signed by you in writing.

Signature of Applicant	Print Name	Date