

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE DIPLOMA RECEIVED
HIGH SCHOOL			
COLLEGE			
TECHNICAL SCHOOL			
GRADUATE SCHOOL			
OTHER			

CREDENTIALS/ PROFESSIONAL AFFILIATIONS

Please list any Professional Registration/ Certification/ License that you hold:

OTHER SKILLS

Please identify skills you believe you have that are relative to the job that you are applying for:

Indicate any honors, professional societies, and related professional activities that you feel might be helpful in considering your application:

OFFICE SKILLS

Typing: _____ wpm

Check the boxes next to any skills that you possess:

Computer:
 Word Processor
 10-Key
 Typewriter

Word/ Word Perfect
 Bookkeeping
 Filing
 Cash Handling

Excel/Lotus

Database

List any computer software or office equipment you can use beyond those indicated above:

REFERENCES:

Give name(s) of persons (other than relatives) we may contact to verify your qualifications for the position.

Name: _____ Address: _____ _____	Occupation: Phone #:
Name: _____ Address: _____ _____	Occupation: Phone #:
Name: _____ Address: _____ _____	Occupation: Phone #:

**APPLICANT AGREEMENT
PLEASE READ CAREFULLY**

I certify that the answers given by me to the foregoing statements are true and correct without omissions of any kind whatsoever.

I give the City of Zachary the right to investigate all information given and to secure additional appropriate information if necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my personal characteristics, employment verification, credentials verification, personal identity verifications, past employment verification, reference checks, criminal records, motor vehicle records, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information in good faith.

I understand that the completion of this application does not assure me of a position with the City of Zachary and does not obligate the City of Zachary to me in any way. I further understand that any misrepresentation herein may cause my application to be rejected and/or subject me to dismissal. I also understand that a discharge from employment for filing a fraudulent employment application will jeopardize my right to receive unemployment insurance benefits which are based on my previous employment. The giving of false information on the application or in any part of the employment process may result in forfeiture of workers' compensation rights.

I fully understand as a part of the employment process, I will be required to voluntarily submit to a physical examination and drug screen test required by the City of Zachary. I am aware that the results will be made available to the Human Resources Director or her duly authorized representative. The City of Zachary is committed to a drug free work place to protect the safety of workers and the public.

I understand that employment offers are conditional on the results of a medical examination and criminal background check. In addition, if accepted for employment, I hereby agree to abide by the rules, procedures, and policies of the City of Zachary.

A report including information concerning my criminal or police records, and/or motor vehicle record may be obtained for employment purposes at any time.

By completing and signing this form you are authorizing the City of Zachary to access and review any active or inactive criminal records and to contact the educational institution previously attended to verify education. I have read the above disclosure and hereby authorize the City of Zachary to obtain a report as above described.

The application form and its contents are the official property of the City of Zachary and will not be returned, reused, or copied for you after being submitted.

_____ Signature

_____ Date

For office use only:

HR Approval:	MCS Board Approval:
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EMPLOYMENT HISTORY

Please list all part-time and full-time positions, giving present or last position first. Use additional pages if necessary. Résumés are not accepted in place of information requested on this form; however, you may attach a résumé.

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
STARTING DATE	ENDING DATE	NAME, ADDRESS, CITY, STATE, ZIP CODE OF EMPLOYER	
<input type="checkbox"/> PAID WORKER SALARY _____ <input type="checkbox"/> VOLUNTEER		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR TELEPHONE #
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED	
TITLE OF POSITION HELD			
DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
STARTING DATE	ENDING DATE	NAME, ADDRESS, CITY, STATE, ZIP CODE OF EMPLOYER	
<input type="checkbox"/> PAID WORKER SALARY _____ <input type="checkbox"/> VOLUNTEER		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR TELEPHONE #
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED	
TITLE OF POSITION HELD			
DETAILED DESCRIPTION OF DUTIES AND RESPONSIBILITIES			

MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No			
STARTING DATE	ENDING DATE	NAME, ADDRESS, CITY, STATE, ZIP CODE OF EMPLOYER	
<input type="checkbox"/> PAID WORKER SALARY _____ <input type="checkbox"/> VOLUNTEER		HOURS PER WEEK	NAME, TITLE OF SUPERVISOR TELEPHONE #
REASON FOR LEAVING		NUMBER/ JOB TITLE OF EMPLOYEES YOU SUPERVISED	
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