



APPLICATION FOR EMPLOYMENT

For Office Use Only

Background Check cleared?
 Yes No
 Date Hired _____
 Starting Pay _____

The City of Alpine does not discriminate on the basis of race, color, national origin, gender, religion, age or handicapped status in employment or provision of services

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
Social Security #	Driver's License #	Application Date	
E-Mail Address	Are you at least 18 years of age?	Are you legally entitled to work in the U.S? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION

Position or Type of Employment Desired	Will Accept:	Shift:
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	<input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard
Salary desired		

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major Or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From To			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupation License, Certificate or Registration	Number	Where issued	Expiration Date
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Language Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)



EMPLOYMENT HISTORY (Starting with CURRENT/ MOST RECENT EMPLOYER first in consecutive order)

Employer	Telephone	Employed From Month/Year To Month/Year
Street Address	City	State Zip
Job Title	Supervisor	Hours per Week
Specific Duties		Reason for Leaving

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PERSONAL REFERENCE (Please list three (3) personal references who are not related)

Name	Telephone	Address	Relationship
Name	Telephone	Address	Relationship
Name	Telephone	Address	Relationship

NOTICE TO APPLICANTS

The City of Alpine requires a drug screening test for all new employees. Any applicant tentatively selected for employment will be required to submit to the drug screening prior to employment. Refusal to give written consent and/or submit to testing will disqualify the applicant.

All tests are conducted in accordance with the City of Alpine Drug and Alcohol Policy. All test results are confidential. The applicant may request the results in writing from the City Manager.

I certify that I have read and understand the above "Notice to Applicants". I hereby declare the information provided in this application for Employment is true, correct, and complete to the best of my knowledge. I understand that if employed, and any misstatement or omission of fact on this application shall be considered cause for dismissal.

Signature _____

Date _____

AUTHORIZATION TO OBTAIN CRIMINAL BACKGROUND REPORTS

I authorize the City of Alpine to obtain criminal background reports and/or investigative criminal background reports for the pre-employment background investigation, and, if I am hired, at any time during employment. I understand that these reports might include, but are not limited to, a search of my criminal background, reference checks, driving record checks, and verification of my identification and Social Security Number. I agree that this Disclosure/Authorization, in original or copy form, is valid for all current and future criminal background reports.

I understand that the City of Alpine may use such criminal background reports for the employment purposes, including, but not limited to, hiring, promotion, retention, and termination.

Signature _____

Date _____

Full Name (Printed) _____

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____

Date _____