



# Employment History

Provide the following information from your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

Present/Most Recent Employer \_\_\_\_\_ Telephone(\_\_\_\_\_)\_\_\_\_\_

Address\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Title\_\_\_\_\_

Immediate Supervisor and Title\_\_\_\_\_

Reason for leaving\_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later (if selected) \_\_\_\_\_

Summarize the type of work performed and job responsibilities\_\_\_\_\_

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Previous Employer \_\_\_\_\_ Telephone(\_\_\_\_\_)\_\_\_\_\_

Address\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Title\_\_\_\_\_

Immediate Supervisor and Title\_\_\_\_\_

Reason for leaving\_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later (if selected) \_\_\_\_\_

Summarize the type of work performed and job responsibilities\_\_\_\_\_

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Previous Employer \_\_\_\_\_ Telephone (\_\_\_\_\_)\_\_\_\_\_

Address\_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Job Title\_\_\_\_\_

Immediate Supervisor and Title\_\_\_\_\_

Reason for leaving\_\_\_\_\_

May we contact for reference? Yes \_\_\_\_\_ No \_\_\_\_\_ Later (if selected) \_\_\_\_\_

Summarize the type of work performed and job responsibilities\_\_\_\_\_

**COMMENTS** Including explanation of any gaps in employment \_\_\_\_\_

**SKILLS AND QUALIFICATIONS** Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Educational Background

1) List last three (3) schools attended, starting with most recent. 2) List number of years completed. 3) Indicate degree or diploma earned, if any. 4) List Major field of study. 5) List Minor field of study (if applicable).

SCHOOL	YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR

# References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN

# Additional Information

List professional, trade, business, or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc. Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

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## Military Service Record

Have you served on active duty in the U.S. Armed Forces ?      Yes \_\_\_\_\_      No \_\_\_\_\_

Dates of duty: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ If yes, you will need to provide Copy 4 of DD 214  
                          Mo.      Yr.                      Mo.      Yr.

## Driver's License Information

Type \_\_\_\_\_ License Number \_\_\_\_\_ Issued By State of: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# City of Moraine

## APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application or resume shall be considered sufficient cause for dismissal. The City of Moraine is hereby authorized to make any investigation of the information provided in this application and/or resume.

I hereby authorize the City of Moraine to investigate my personal history and financial and credit record, as necessary, through any investigative or credit agency of its choice. Financial and credit checks will be conducted in accordance with the Fair Credit Reporting Act. I further understand that the City of Moraine intends to use this information for employment purposes only and will keep it confidential.

I hereby authorize any reference, school, former employer, or other person to disclose to the City of Moraine upon request any and all records, documents, or other information that they may possess, and I release them all from liability for disclosing such information to the City of Moraine.

I understand that if employed, I may be required to work additional or less hours at other than my current assignment as the needs of the organization require, and that my employment is subject to complying with those rules, regulations, and conditions as established by management.

I understand that a physical examination, including drug screening, may be required for some positions and may be required during my employment to assure my physical ability to perform the essential duties and responsibilities associated with my position. The City will pay the cost of such an examination.

I agree to conform to all existing and future policies and procedures of the City of Moraine, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that policy and procedure manuals and operation manuals are available to me to read before I am employed.

I understand that if I am employed I must provide, by my first day of employment, appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by this law by the first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the City of Moraine.

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

Equal Employment Opportunity Information

## Completion of Information below is Voluntary

In complying with the provisions of Federal Anti-Discrimination Laws, the City of Moraine seeks qualified applicants regardless of race, age, color, sex, religion, disability, national origin, marital status, veteran status, or other legally protected status.

**In an effort to comply with government Equal Employment Opportunity reporting requirements, we invite you to complete this voluntary applicant data survey.** This information will be filed separately from your application for employment, and cannot be used for interview purposes or hiring considerations.

**Please Print**

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Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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Male \_\_\_\_\_ Female \_\_\_\_\_

Age \_\_\_\_\_

Home Address Zip Code \_\_\_\_\_

**Please check one of the following Equal Employment Opportunity Categories as applicable:**

White, not of Hispanic origin \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_

Black or African American \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_

Asian, not of Hispanic origin \_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_

Two or More Races \_\_\_\_\_

Vietnam Era Veteran \_\_\_\_\_ Veteran other than Vietnam Era \_\_\_\_\_