

City of Sudan

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) Applied for: _____

Date of Application: _____

PERSONAL

Last Name First Name Middle

Street Address City State Zip

() _____
Home Telephone

() _____
Mobile or Other Phone

Email

Drivers License # _____ State _____

How did you learn about Us?

Advertisement ___ Relative ___ Inquiry ___ Employment Agency ___ Friend ___ Other ___

The Best Time to contact you is..... : am/pm

If you are under 18 years, can you provide required proof of your eligibility to work?..... Yes ___ No ___

If yes, give date of birth _____

Have you ever worked for the City of Sudan?..... Yes ___ No ___

If yes, give date _____

Have you ever filed an application with us before?..... Yes ___ No ___

If yes, give date _____

Do any of your friends or relatives work here?..... Yes ___ No ___

If so, please list _____

Are you currently employed? ___ Yes ___ No ___ May we contact your present employer? ___ Yes ___ No ___

Are you eligible to be lawfully employed in the United States? ___ Yes ___ No ___

Proof of Citizenship or immigration status will be required upon employment.

Are you available: ___ Full-time ___ Part-time (Hours/week) ___ Temporary {dates} _____

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Can you travel if a job requires it? Yes ___ No ___

Describe any job-related training received in the United States Military: _____

Education, Skills and/or Certificates

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate School				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, and skills:

Specialized Skills (Check all skills/Equipment in which you are proficient)

Computer Programs

Word _____
 Excel _____
 Power Point _____
 Access _____
 INCODE _____

Equipment

Backhoe _____
 Loader _____
 Road Grader _____
 Tractor _____
 CDL _____

Other(list)

Job Related References

1. _____
 (Name)
2. _____
 (Name)
3. _____
 (Name)

() _____
 Phone #

() _____
 Phone #

() _____
 Phone #

Employment Experience

1. Employer

Dates Employed
 from _____
 to _____

Works Performed

Employer Telephone () _____ - _____

Job Title _____

Reason for leaving _____

Salary _____

Supervisor _____

2. Employer	Dates Employed	Works Performed
_____	from _____	_____
_____	to _____	_____
_____		_____

Employer Telephone (____) _____ - _____	Salary _____
Job Title _____	Supervisor _____
Reason for leaving _____	

3. Employer	Dates Employed	Works Performed
_____	from _____	_____
_____	to _____	_____
_____		_____

Employer Telephone (____) _____ - _____	Salary _____
Job Title _____	Supervisor _____
Reason for leaving _____	

PLEASE ATTACH AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED

Applicant's Statement

I certify that answers give herein are true and correct.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby acknowledge and authorize the City of Sudan to conduct reference checks as provided above and to submit to Drug Testing as required by the City of Sudan.

I hereby acknowledge that I may be required to take employment tests and examinations to assist in determining my suitability for the position(s) applied for.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date