



CITY OF LEOTI

Council Meeting
1st & 3rd Monday – 6:30 P.M.

Application for Employment

APPLICATION INFORMATION	
Please complete clearly in black ink and return to: City Of Leoti	
<ul style="list-style-type: none"> • Please include a Resume (optional) • Please include a Cover Letter (optional) • If you use additional paper, please write your name and the job title at the top of each page. 	
Position applied for:	Date of application:
How did you learn about this vacancy?	Date received: <i>(For internal use only)</i>

PERSONAL INFORMATION		
Last Name:	First Name:	
Address:	City/State/Zip:	
Telephone Number (daytime):	Telephone Number (evening):	
E-mail:	Fax Number:	Cell Phone Number:
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Documents available for review: <input type="checkbox"/> Valid Driver's License **insurable driver's license required** <input type="checkbox"/> Social Security Card <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Work Visa <input type="checkbox"/> Green Card <input type="checkbox"/> Other _____		
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)		

EDUCATION, TRAINING, CERTIFICATION, & OCCUPATIONAL LICENSURE					*HIGH SCHOOL DIPLOMA OR GED IS REQUIRED
School Name/Location	Dates attended (Month/Year)	Credits Earned (Semester Hours)	Graduation Date	Degree	Major, Subject, or Certification



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EMPLOYMENT HISTORY		
Employer:	Address:	Telephone Number:
Job Title:	Number of Employees Supervised:	Dates of Employment: From (Month/Year): To (Month/Year):
Specific Duties		
Reasons for Leaving		
May we contact this employer?		

Employer:	Address:	Telephone Number:
Job Title:	Number of Employees Supervised:	Dates of Employment: From (Month/Year): To (Month/Year):
Specific Duties		
Reasons for Leaving		
May we contact this employer?		

Employer:	Address:	Telephone Number:
Job Title:	Number of Employees Supervised:	Dates of Employment: From (Month/Year): To (Month/Year):
Specific Duties		
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May we contact this employer?		



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RELEVANT SKILLS & EXPERIENCE

Please continue on extra pages if necessary

WHAT MAKES YOU PARTICULARLY SUITABLE FOR THIS POSITION?

Please use this section to show how you meet each of the criteria in the job description. Give clear examples from your own experience where applicable.

Please continue on extra pages if necessary



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REFERENCES	
Please give the names of two professional references	
Name:	Name:
Position:	Position:
Employer:	Employer:
Address:	Address:
Daytime Telephone Number:	Daytime Telephone Number:
Relationship with Applicant:	Relationship with Applicant:

Date of Employment Availability: _____

I certify that the information on this form is, to the best of my knowledge, correct, and any misrepresentations are ground for termination. I understand that any employment agreement will be subject to satisfactory references and successful completion of a probationary period. I understand that, if hired, my employment with the city will be at-will and may be terminated by the city or me at any time.

Applicant Signature: _____ **Date:** _____

Interviewer's Comments (<i>Internal Use Only</i>):



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BACKGROUND INVESTIGATION AUTHORIZATION

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. This report may also include information pertaining to a commercial driver's license and a commercial driving work history which, under provision of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. An investigation into you workers' compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA).

I, the undersigned, have read and fully understand the above notice. I hereby authorize the City of Leoti to investigate my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use. I authorize the City of Leoti to certify facts stated by me on the attached application and/or resume.

Date: _____ Print Name: _____

Applicant
Signature: _____ Soc. Sec. # _____

Address: _____

Date of Birth (for criminal and driving record checks) _____ DL#: _____ State _____

BELOW IS FOR COMPANY USE ONLY

- Previous Employment Verification
- D.O.T. _____ (Special Screening for Commercial Drivers)
- Education Verification
- Professional/Personal References
- Professional License & Credential Check
- Criminal Record Checks
- Nationwide Federal Violation Criminal Record Checks
- Driving Record check
- Workers' Compensation
- Employment Credit report
- National Address Search
- Social Security # Validation
- Official Education Transcripts

Signature of Official Authorizing Investigation
