

CITY OF VINITA

EMPLOYMENT APPLICATION

The City of Vinita is an Equal Opportunity Employer

DIRECTIONS:

Type or print, using black ink
 If you need additional space, attach a supplemental sheet
 Sign the completed application

GENERAL

Name (Last)	(First)	(Middle)	Social Security Number	Date of Application
Present Address (Street, City, State, Zip Code)			Phone No. - Day ()	Phone No. - Evening ()
Address Where You May Be Contacted, If Different From Present Address			Alternate Phone No. ()	Birth Date, if under 18
Are you related to any employee, officer or elected official of the City of Vinita/Vinita Utilities Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, please explain:				
Have You Previously Worked for the City of Vinita? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment	Department	Position	Supervisor
If Hired, Can You Provide Proof of Citizenship or Legal Right to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of any criminal offense other than minor traffic violations? _____ If so, please explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into consideration.				

POSITION

Type of Position Applying For
How Did You Learn About the Position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other
<i>Please note that the Employment Record, Education & Training, and References sections do not need to be completed if an attached resume provides all of the specific requested information. If there is information requested that is not on your resume, please be sure to provide that information in order to ensure your application materials will be considered.</i>

EMPLOYMENT RECORD List Most Recent Employment First

Employer		Supervisor's Name		Reason for Leaving	
Street Address, City, State, Zip Code				Phone ()	
Start Date	End Date	Final Position Title	Final Salary	May we Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Description					
Employer		Supervisor's Name		Reason for Leaving	
Street Address, City, State, Zip Code				Phone ()	
Start Date	End Date	Final Position Title	Final Salary	May we Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Description					

EMPLOYMENT RECORD (Continued)

Employer	Supervisor's Name	Reason for Leaving
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Street Address, City, State, Zip Code	Phone ()
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Start Date	End Date	Final Position Title	Final Salary	May we Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Position Description

Employer	Supervisor's Name	Reason for Leaving
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Street Address, City, State, Zip Code	Phone ()
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Start Date	End Date	Final Position Title	Final Salary	May we Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Position Description

EDUCATION & TRAINING

	Yrs. Completed	Field of Study	Graduate or Degree
High School			
College/University			
Business/Technical			
Other			

List Licenses, Foreign Languages, Computer, Data/Word Processing, Office Equipment, Typing, Shorthand, or Other Skills & Training you Consider Relevant to Employment. Please Indicate the Professional License Number and State of Issuance.

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Describe any job-related training received in the United States military.

List Professional, Trade, Business, Honors, Certifications or Civic Activities and Offices Held. (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)

Language Ability – List Those You Could Use In Your Work

English	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Other	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Other	Speak <input type="checkbox"/>	Read <input type="checkbox"/>	Write <input type="checkbox"/>
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REFERENCES

List Three Persons, Other Than Relatives or Personal Friends, Who Have Knowledge of Your Work Experience and/or Education.

Name/Title	Mailing Address	Phone

AUTHORIZATION

Application Must Be Signed Prior to Submitting

I hereby authorize investigation of all statements contained in this application and on my resume, if provided. I certify that such statements are true, and understand that misrepresentation or omission of facts called for in this form, or on any resume provided by me, is cause for termination of employment without notice. I also agree to such examination by a physician as may be required, employment being contingent on the satisfactory passing thereof. 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 authorized executive of this organization. I understand that I am required to abide by all rules and regulations of the employer.

Date _____

Signature _____



ALL INFORMATION BELOW IS OPTIONAL AND CONFIDENTIAL

Equal Employment Opportunity: All employers are required to provide equal employment opportunity, and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional, and failure to provide it will have no affect on your application for employment. If you are selected to fill the position for which you are applying, you will be required to provide the employer with your date of birth for insurance purposes.

Ethnicity (check one – definitions below): Asian/Pacific Islander Native American/Alaskan Hispanic
White Black/African American

Asian/Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. The area includes, for example: China, Japan, Korea, the Philippine Islands and Samoa.

Native American/Alaskan: All persons having origins in any of the original peoples of North American, and who maintain cultural identification through tribal affiliation or community recognition.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (not of Hispanic origin): All persons having origin in any of the original peoples of Europe, North Africa or the Middle East.

Black/African American (not of Hispanic origin): All persons having origins in any of the black racial groups.