



# *City of Fraser*

## Employment Application



### Applicant Information

Type or print in ink. Complete all questions in detail. Attach additional pages if necessary and documents that are requested. Separate applications are required for each classification or position in which you are interested. Applicants are considered for all positions without regard to race, color, creed, age, religion, national origin, gender, marital status, handicap, political affiliation, beliefs, sexual orientation, or other protected class. Any job offer is conditioned on the results of a medical examination, drug screening, and background investigation. If you need special equipment or accommodations to participate in the selection process, or to perform the essential duties of the position (as listed in the job/ posting description), please inform us when you return this application.

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Employment Desired:**  Part Time  Full Time  Temporary/ Seasonal **Date Available:** \_\_\_\_\_

**Name:** \_\_\_\_\_

Are you under the age of 18? **YES** **NO** If "yes", what is your age? \_\_\_\_\_

**Address:** \_\_\_\_\_ **APT #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Cell Phone :(\_\_\_\_\_) \_\_\_\_\_** **best time to call?** \_\_\_\_\_

Do you have a driver's license? **YES** **NO**

**STATE OF:** \_\_\_\_\_ **LICENSE NUMBER:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

Describe all traffic related offenses that are currently on your driving record:

### GENERAL INFORMATION

Do you have any relative (by blood, marriage, or adoption) who is a current or former employee of the city? **YES** **NO**

If "YES", name of employee: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you a U.S. Citizen? **YES** **NO** Are you a Permanent Resident Alien? **YES** **NO**

If Permanent Resident Alien, what is your registration number? \_\_\_\_\_

Have you ever been convicted of any crime, either misdemeanor or felony? **YES** **NO**

If "YES", describe when, where, and nature of the offense and its disposition:

Are there any felony charges pending against you? **YES** **NO**

If "YES", describe in full detail: \_\_\_\_\_

NOTE: Conviction of felony charges DO NOT mean that you cannot be appointed. What you are convicted of and how long ago are important. Give us all the facts so that an informed decision can be made.

**EDUCATION**

**HIGH SCHOOL**

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
IF GRADUATED, TYPE OF DEGREE: \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_  
IF NO DEGREE, CREDIT HOURS EARNED: \_\_\_\_\_

**COLLEGE**

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_  
IF GRADUATED, TYPE OF DEGREE: \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_  
IF NO DEGREE, CREDIT HOURS EARNED: \_\_\_\_\_

**POST-GRADUATE**

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_  
IF GRADUATED, TYPE OF DEGREE: \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_  
IF NO DEGREE, CREDIT HOURS EARNED: \_\_\_\_\_

**BUSINESS, TRADE, VOCATIONAL OR MILITARY EDUCATION OR OTHER TRAINING**

NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_  
IF GRADUATED, TYPE OF DEGREE: \_\_\_\_\_ GRADE POINT AVERAGE: \_\_\_\_\_  
IF NO DEGREE, CREDIT HOURS EARNED: \_\_\_\_\_

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**Review the DESCRIPTION OF WORK section of the Job Announcement for the position in which you are applying.**

Can you perform the duties of the job in which you wish to be employed with or without accommodation? **YES** **NO**  
If accommodation is requested, how would you perform the tasks and with what accommodation?

\_\_\_\_\_

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work for our city. Include any professional licenses or certifications that you hold.

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

## EMPLOYMENT HISTORY

**DIRECTIONS:** If work experience or specific skills are listed as qualifications, you must describe how you meet the qualifications by listing your work experience, skills, etc. in this section of the application. BE COMPLETE AND SPECIFIC. RESUMES MAY BE ATTACHED BUT SHALL NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION. Begin with your present or last position. List promotions or changes from part-time to full-time work hours, with the same employer, separately. Include work in the U.S. Armed Forces & attach a copy of your discharge certificate. Attach extra pages if necessary to provide a complete work history. Describe how you qualify for the position you are seeking.

Employer _____ Immediate Supervisor _____	
Address _____	Phone Number (____) _____
Job Title _____	<b>Hourly Rate/ Salary</b> Start: \$_____/_____ Final: \$_____/_____
Dates Employed From: _____ To: _____	
Reason for Leaving: _____	
Summarize the nature of the work preformed & job responsibilities: _____	

Employer _____ Immediate Supervisor _____	
Address _____	Phone Number (____) _____
Job Title _____	<b>Hourly Rate/ Salary</b> Start: \$_____/_____ Final: \$_____/_____
Dates Employed From: _____ To: _____	
Reason for Leaving: _____	
Summarize the nature of the work preformed & job responsibilities: _____	

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Summarize the nature of the work preformed & job responsibilities: _____	

Employer _____ Immediate Supervisor _____	
Address _____	Phone Number (____) _____
Job Title _____	<b>Hourly Rate/ Salary</b> Start: \$_____/_____ Final: \$_____/_____
Dates Employed From: _____ To: _____	
Reason for Leaving: _____	
Summarize the nature of the work preformed & job responsibilities: _____	

List special accomplishments, publications, awards, etc. Exclude information that would reveal a protected class status. \_\_\_\_\_

List membership in professional trade, business or civic association in any office held. \_\_\_\_\_

**PERSONAL REFERENCES**

List name, address, and phone number of three business/ work references, who are NOT related to you and are NOT your previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Mailing Address & Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Mailing Address & Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_  
Mailing Address & Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

**ACKNOWLEDGEMENTS AND RELEASES**

I certify that all information contained in this application is true and complete to the best of my knowledge. I agree and understand that any misstatement or falsification of informed information provided by me, whether oral or written will result in my forfeiting any rights to consideration for employment with the City of Fraser, or if employed, subject to immediate termination.

I authorize the City of Fraser to verify any of the information reported on the application with the listed schools, references and previous employers without providing written notice to me. I release the City from any liability in connection with such use or disclosure.

If hired, I will serve at the will of the City and I agree that I shall be bound by the rules, policies, regulations, terms, and conditions of the employment of the City of Fraser. As they are from time-to-time amend with or without notice to me. I agree that the City may terminate the employment relationship with or without cause and the City’s right to terminate may be alerted in only writing directed to me personally by the City manager, and only as determined by the City Council.

I agree that any lawsuit against the City of Fraser arising out of my employment or termination including, but not limited to, claims arising under State or Federal Civil Rights Statutes must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary.

I further agree that any offer of employment, or my actual employment, or my actual employment, is conditioned on the results of my pre-employment medical examination, drug screening and background investigation.

This application is valid for six (6) months. At the conclusion of this time, if I have not heard from the City and still wish to be considered for employment, it will be necessary to complete a new application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_