

City of North Pole

Application for Employment

An Equal Opportunity Employer

Personal Please Print	Clearly						
Full Name: Last	First		Middle	Social Se	curity N	umber:	
Present Mailing Address		City		State		Zip Code	
Contact Telephone Number & A Code	rea Alternate	Alternate Contact Telephone Number & Area Code			If Under 18 years,MO/ Day/YearDate of Birth/		
List Permanent Address if differe	ent than above:						
Previous Address for last three (2	3) years:						
US Citizen: VES NO	Non-US Citizen -	- Please indicate	e U.S. Visa Status: Exchange Student	Visito	or 🗌 W	Vork Permit Other (explain)	
How Referred to the City:	Have you ever ap to the City of Nor	-	Tes No	If Yes, w	hen?	If Yes, what job?	
Have you ever been employed by City of North Pole? Yes	∠the If Yes, No	what were the d	lates of employmen	nt?			

U.S. Military

Branch of Service:	From: (Mo/Yr)		Date of Discharge:	Rank at Discharge:	Type of Discharge:
What type of work did you perform:		What	specialized training did you r	eceive?	<u> </u>

Employment

Type of Employment desired:	Date Available for Work:	Can you work shift work?	Yes	No
□ Full Time□ Part Time □ Temporary		Work Overtime if necessary?	Tes Yes	No
Specialized Office Skills:	P.C.s and Office Machines	Operated:		
Typing: WPM Dictation: WPM				
Computer Software Programs used:				
Position Applying For:				

Education

Name and Location of High School: (If not a High School graduate indicate total years of school completed:) Graduation Date (Mo/Yr)					e:			
Name and Location of College, Trade Or Business School:	Dates Attende	ed	Fields of Study	Graduat	ed/Degree	Туре	Number of Credits	
	(Mo/Yr) From To		Yes or No	Date (Mo/Yr)		Semester	Quarter	

Activities/Honors

List School, Civic or Business Activities and Offices held and any awards or honors:
Hobbies, Leisure Time Interests:

Employment History (Show all previous employment)

Ι	Dates From		Employer's Name & Address -	- City and State	Description of Duties, Equipment used and Responsibilities
	Month	Year	Present or Last Employer:		
To			Address:	Telephone:	
			Starting Position:	Salary:	
m			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
То			Address:	Telephone:	
			Starting Position:	Salary:	
n			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
To			Address:	Telephone:	
			Starting Position:	Salary:	
_			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
To			Address:	Telephone:	
L			_		
			Starting Position:	Salary:	
Ш			Final Position:	Salary:	
From			Reason for Leaving:		

Employment History (Continued)

]]	Dates Fro	m & To	Employer's Name & Address – City and State		Description of Duties, Equipment used and Responsibilities
	Month	Year	Employer:		
			Address:	Telephone:	
To					
			Starting Position:	Salary:	
Е			Final Position:	Salary:	
From			Reason for Leaving:		
	Month	Year	Employer:		
			Address:	Telephone:	
0			Address.	reiephone.	
To			_		
			Starting Position:	Salary:	
			Final Position:	Salary:	
From			Reason for Leaving:	I	
	Month	Year	Employer:		
	Month	Year	Employer: Address:	Telephone:	
To	Month	Year		Telephone:	
To	Month	Year		Telephone: Salary:	
To	Month	Year	Address:		
	Month	Year	Address: Starting Position:	Salary:	
From To	Month	Year	Address: Starting Position: Final Position:	Salary:	
	Month	Year	Address: Starting Position: Final Position:	Salary:	
			Address: Starting Position: Final Position: Reason for Leaving:	Salary:	
			Address: Starting Position: Final Position: Reason for Leaving: Employer:	Salary: Salary:	
From			Address: Starting Position: Final Position: Reason for Leaving: Employer: Address:	Salary: Salary: Telephone:	
From			Address: Starting Position: Final Position: Reason for Leaving: Employer: Address: Starting Position:	Salary: Salary: Salary: Telephone: Salary:	
From			Address: Starting Position: Final Position: Reason for Leaving: Employer: Address:	Salary: Salary: Telephone:	

References

Give the names of 4 persons to whom you are not related, and who was not an employer. These people should have known you for several years.				
Name	Address (Street/PO Box, City, State, Zip Code)	Phone #	Occupation	Years
				Known

Relatives in City Employment

Give names of any relative, including those by marriage, in the employ of the City of North Pole:				
Name:	Occupation:	Relationship:		

Additional Information

Have you ever been convicted for violating any law? (Exclude traffic convictions that were \$25.00 or less) Yes No
If yes: Where: When: Conviction:
Have you ever been imprisoned as a result of a criminal conviction? Yes No
If the answer is yes to any of the above questions, please give details:
May we call your present employer at this time? Yes No If you checked no, we will not contact your present employer until a formal job offer has been extended
Do you have any commitments to another employer that might affect your employment with the City of North Pole?
If hired, will you be able to work during the normal days and hours required for the position Yes No
Are you willing and physically able to travel out of town locations, including overnight trips?
Do you have a valid drivers license?
Are you willing to undergo a physical examination by a physician to prove that you are physically able to perform the tasks of the job for which you have applied?
Do you have all the licenses and professional certifications listed in the job announcemnt, job advertisement, or job description, or that are necessary to perform the job for which Yes No you are applying?
Do you know of any reason that might make it difficult for the City of North Pole to obtain surety bonding insuring your honesty? If yes, explain:

Authorization For Background Information

General Release

I authorize the City of North Pole and its agents to investigate, now and during my employment, my past employment, education, and activities, and to request and receive any information concerning me, including but not limited to, criminal history and public records from any persons, entities, schools, companies, corporations, partnerships, associations, state agencies, departments of labor, law enforcement agencies, licensing agencies, and from my previous employers.

I further release, sicharge, and hold harmless the City of North Pole, its agents, any persons, law enforcement agencies, schools, or personal/business entities and their respective officers, dirctors, employees, representatives and agents of any kind from any and all claims, liability, damages and responsibiloity of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authroization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparaive negligence, condcurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications.

I agree that if any investigation at any time reveals that I provided false information to, or omitted information from the City of North Pole, then disciplinary action mayy occur including termination of my employment with the City of North Pole, without liablility.

I understand that, like all other City of North Pole forms, this form does not alter the employment at will relationship. I may terminate my employment at any time without cause and the City of Nroth Pole retains the same right.

I understand that if I am employed, evidence of U.S. resident status and appropriate evidence of date of birth will be required. In the event I am selected for employment by the City of North Pole, I understand as a condition of employment, I am subject to a physical examination that will determine my physical ability to perform the work required.

I understand that I can make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation to the extent required under the Truth in Lending Act

Printed Name of Applicant:

Other Known Names: (Maiden Name and/or Aliases)

Signature:

Date: