

Former Employers (List below last four employers, starting with current or most recent employer)

Date: Month & Year	Employer Address/Phone Supervisor's Name	Hourly Rate	Job Title and Work Performed	Reason for Leaving
From: To:				

References (work related): Give the names of three persons not related to you whom you have known at least one year that we may contact regarding your qualifications.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

State any additional information you feel may be helpful to us in considering your application.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I authorize the City to contact any of the employers listed above to verify employment and work record. I release all parties from all liability for any damage that may result from furnishing same to you. I authorize the City to verify and investigate through law enforcement agencies the status of my driver's license and to conduct any background check it deems necessary.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date _____

Signature _____

Affirmative Action - Equal Opportunity Employer

AFFIRMATIVE ACTION DATA FORM

APPLICANT SURVEY **Human Resource Department**

TO ALL APPLICANTS:

The following requested information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods.

Position applying for: _____

Check one: Male Female **Date of Birth** _____

Check one of the following Race/Ethnic Groups:

White Black Hispanic Asian American Indian Other

Check if Veteran

How did you learn about job?

- Office Visit
- Phone call to office
- Newspaper Ad (Name of Paper) _____
- Website (specify) _____
- City Employee
- City Cable Channel
- Other (specify) _____

Please indicate if you have a handicap that requires special testing arrangements.
