

CITY OF WYMORE

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

Position Applied for			Date:	
Full Time	Part Time	Temporary		
Last Name	First Name	Middle Initial		
Street Address	City	State	Zip Code	
Mailing Address (if different from above)				
Telephone #'s			Social Security Number	

Are you over the age of 18? Yes No

If not over the age of 18, can you provide proof of eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If Yes give date / /

Have you ever been employed with the City of Wymore before? Yes No

If Yes give date / /

When are you available to start work? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Can you travel if the job requires it? Yes No

Do you speak any language other than English fluently? Yes No

Do you require any special accommodations to perform the duties of this job? Yes No

EDUCATION

High School	Address	Diploma
College attended	Address	Degree
Other Schools attended	Address	Degree

List any special skills

WORK HISTORY

Employer	Dates Employed		Work Performed
	From	To	
Address			
City State Zip	Beginning wage		
Phone:	Ending wage		

Employer	Dates Employed		Work Performed
	From	To	
Address			
City State Zip	Beginning wage		
Phone:	Ending wage		

Employer	Dates Employed		Work Performed
	From	To	
Address			
City State Zip	Beginning wage		
Phone:	Ending wage		

Have you been convicted of any criminal offence within the last 7 years? ___Yes ___No

I _____, hereby authorize the release of previous employment history to the City of Wymore for consideration of this application for a period of 45 days, from this ____ day of _____, _____.

Signature of Applicant

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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, unless such change is specifically acknowledged in writing by an authorized executive of this city.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the city.

Signature of Applicant