

City of Osceola Employment Application

An Equal Opportunity Employer

Please Print All Information. Read This Before Completing Application.

This Company is an equal opportunity employer. All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or handicap/disability. The use of this form does not mean that there are positions open and does not obligate this Company in any way. Answer all questions.

PERSONAL INFORMATION

Name:		Date:
Present Address:		
City:	State:	Zip:
If at present address less than 1 year give previous address.		
Previous Address:		
City	State:	Zip:
Phone Number Where You Can Be Reached: ()		ext:
Do you certify that you are at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you are under 18, employment is subject to verification that you are of minimum legal age.
Are you a citizen of the U.S. or are you otherwise legally permitted to hold employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?		

EDUCATIONAL INFORMATION

School	Name & Address	Course of Study	Years Attended	Degree
Elementary				XXXXX
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Post Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Correspondence, Night School, GED, Trade School				

EMPLOYMENT HISTORY

Have you ever applied for a job at this Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Have you ever worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Position(s) applied for:	
Do you seek to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Rate of pay expected: \$ _____ (per <input type="checkbox"/> Hr. or <input type="checkbox"/> Yr.)
What shifts are you able to work? <input type="checkbox"/> Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Any	How soon could you report?
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been refused a bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain reason and date:
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, court, and place offense occurred:	
Have you ever been discharged or requested to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:	
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your present employer know you are seeking other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you desire to change employment?	
Do you have available transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY RECORD

Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide dates:	
Branch:	Starting Rank:	Ending Rank:
Duties:		
Date of Discharge:	Type of Discharge:	

PRIOR WORK RECORD

List last four (4) employers starting with most recent:

Most Recent Employer Name:			
Address:			Phone:
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or Pay Rate at Leaving:
Reason for Leaving:			
Prior Employer Name:			
Address:			Phone:
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or Pay Rate at Leaving:
Reason for Leaving:			
Prior Employer Name:			
Address:			Phone:
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or Pay Rate at Leaving:
Reason for Leaving:			
Prior Employer Name:			
Address:			Phone:
City:		State:	Zip:
Position:		Supervisor:	
Date Hired:	Date Left:	Starting Salary or Rate of Pay:	Salary or Pay Rate at Leaving:
Reason for Leaving:			

REFERENCES

Do not list relatives, employees of this Company, or former employers.

Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:
Name:	Phone:	
Address:	Occupation:	
City:	State:	Zip:

MISCELLANEOUS

Note: It is understood that false statements on this application may result in refusal to hire or dismissal whenever discovered.

I certify that I have answered all questions contained herein truthfully. I hereby grant permission to the Company to investigate into any and all matters contained in this application. I further authorize any individual, agency, corporation or association having any information concerning any matters contained in this application to disclose such information to the Company upon request. I further agree that I shall not hold either the Company or any individual, agency, corporation, or association liable for damages, if any, resulting from the investigation and disclosure of information concerning the questions asked on this application form.

I understand that, if hired, my employment will be at will and may be terminated by me or by the Company at any time with or without cause. If hired, I agree to conform to the rules and regulations of the Company as set forth in the Employee Handbook, and I acknowledge that the Employee Handbook may be changed or withdrawn by the Company at any time, at the Company's sole option and without prior notice to me.

Applicant Signature:	Date:
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DO NOT WRITE BELOW THIS LINE

Received in HR by:	Date:
Reviewed By:	Date:
Forwarded to Hiring Manager: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date:	Hiring Manager: