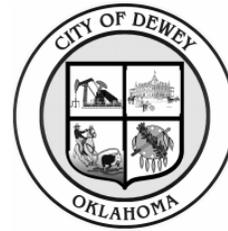


APPLICATION FOR EMPLOYMENT



The City of Dewey considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
-------------------------	---------------------

Last Name	First Name	Middle Init.	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number (voluntary)		

Best time to contact you at home is: _____:_____ (am,pm)

If you are under 18 years of age, can you provide required proof of your 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 us before? Yes No
If Yes, give date _____.

Are you related to any city employee or any member of the City Council? Yes No
If Yes, give name, department, and relationship
_____.

Have you ever been convicted of a felony? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration will be required upon employment.

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work Full Time
 Part Time
 Temporary

EDUCATION

<i>School</i>	Name and Address of School	Course of Study	No. of Years Completed	Diploma /Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			
Employer	Dates Employed		
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

Additional Information – Summarize special job-related skills and qualifications acquired from employment or other experience.

Personal/Professional References			
Name	Phone Number	Best Time to Call	Occupation

Read Carefully Before Signing

I certify that facts given in this application are true and complete to the best of my knowledge. I hereby grant permission to the City of Dewey to investigate any information included in the application and agree to submit to medical examination if required. I understand that this application is not a contract of employment. I hereby release the City of Dewey and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. I understand, that if employed, false or misleading statements given in this application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the City of Dewey.

Signature of Applicant

Date