

APPLICATION FOR EMPLOYMENT

THE CITY OF VINCENT, VINCENT POLICE DEPARTMENT, AND VINCENT LIBRARY

Is an Equal Opportunity Employer. It is our policy to grant equal employment opportunities to all qualified employees regardless of race, religion, age, or of national origin.

APPLICATION DATE: _____ POSTION APPLIED FOR: _____

PRINT NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET OR P.O. BOX CITY STATE ZIP

SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____

TELEPHONE NO. _____ CELL PHONE NO. _____

MARITAL STATUS: SINGLE () MARRIED () SEPARATED () DIVORCED () WIDOWED ()

EDUCATION

SCHOOL	NAME & ADDRESS	ATTENDED FROM Yr to Yr	Did You Graduate	Degree
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Elementary _____

High School _____

College _____

Vocational Trade _____

Other (Specify) _____

ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD QUALIFY YOU FOR THE APPLIED POSITION?

EMPLOYMENT RECORD

START WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS

FROM - TO	EMPLOYER'S NAME ADDRESS and PHONE NUMBER	POSITION HELD	REASON FOR LEAVING

IF NOW EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? () YES () NO

LIST BELOW THE NAME AND ADDRESS OF THREE (3) PERSONAL REFERENCES. THESE MUST BE SOMEONE OTHER THAN PRESENT EMPLOYER.

Have you ever been convicted of a crime? () YES () NO

If so, what is the nature of the crime? _____

I authorize the City of Vincent personnel committee to secure confidential information as follows:

1. A police background check
2. A credit background check
3. A periodic drug test

Signature of Applicant: _____ Date: _____

AFFIDAVIT: I certify the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the City of Vincent or any of its entities shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer.

SIGNED: _____ DATE: _____

Employment Start Date: _____