

CITY OF JENNINGS

Job Applicant Sheet

~ DO NOT REMOVE THIS SHEET FROM YOUR APPLICATION ~

As an applicant for a job with the City of Jennings, you are requested to complete this information sheet. The attached application and resume are required. The information requested in items 1-2 below is for statistical and reporting purposes only and will be kept separate from your application.

Name: _____

Position Applied For: _____

1.) Of the following, which racial/ethnic group do you consider yourself a member?

- White Black American Indian/Alaskan Native
 Hispanic Asian Other

2.) How did you learn of this job opening?

- City Hall Bulletin Board Newspaper Ad (Name of Paper: _____)
 Word of Mouth Other

~ PLEASE READ ALL INFORMATION BELOW CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE SEE SOMEONE IN THE CITY CLERK'S OFFICE. ~

Please follow the instructions to fill out the enclosed application as completely as possible, attach your resume. Please print legibly. The information that you give us on your application will determine whether or not you are chosen to be interviewed for the job. Please give as much detail as you can about your experience or skills as they relate to the job for which you are applying, including such things as experience gained in the military, in volunteer work, or in jobs prior to your last four jobs. If you need more space to list this information, please attach an additional sheet of paper.

Your application is active only for the job opening for which you are currently applying. If interested in a future job opening, you will be required to re-apply.

The City of Jennings has established an Equal Opportunity Committee to oversee hiring practices. If you believe that you have been illegally discriminated against in hiring, and would like to file a complaint, please see the City Clerk.

By submitting this application, I certify that all statements made by me in the application are true. I also authorize the City of Jennings to check my references by contacting any person whom they deem to be an appropriate reference, to ask questions about my personal or educational background, work experience, or character. Former employers or references are authorized to furnish any such information concerning me and are released from any and all liabilities or damages of any nature because of furnishing such information; they may rely on a copy of this release. In cases where it is job related, I also consent to a background investigation, which may include a check of my driving record or a police record check to disclose any disqualifying criminal history.

Signature of Applicant

Date

Application for Employment PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

LAST NAME

Personal Information

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
EVER WORKED FOR THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN
REASON FOR LEAVING		
		NAME OF LAST SUPERVISOR AT THIS COMPANY
HOW DID YOU FIND OUT ABOUT THIS POSITION? <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> ONLINE AD <input type="checkbox"/> OTHER _____		
<input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> WALK IN <input type="checkbox"/> WEBSITE _____		

FIRST

MIDDLE INITIAL

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK
SPECIAL TRAINING, CERTIFICATIONS, LICENSES
SPECIAL SKILLS, FOREIGN LANGUAGES, ETC.

Military Service Record

HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	BRANCH OF SERVICE
DISCHARGE DATE	RANK

Former Employers (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST RECENT)

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE		JOB TITLE
WEEKLY STARTING SALARY \$	WEEKLY FINAL SALARY \$	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF SUPERVISOR		TITLE	PHONE
DESCRIPTION OF WORK			
REASON FOR LEAVING			

References (LIST PROFESSIONAL REFERENCES WHOM WE MAY CONTACT)

NAME	ADDRESS	BUSINESS	PHONE

Authorization

"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE

SIGNATURE

Do Not Write On This Page - For Interviewer's Use Only

INTERVIEWED BY				DATE	
REMARKS					
NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
INTERVIEWED BY				DATE	
REMARKS					
NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
INTERVIEWED BY				DATE	
REMARKS					
NEATNESS			CHARACTER		
PERSONALITY			ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES	
APPROVED 1: EMPLOYMENT MANAGER:				DATE	
APPROVED 2: DEPARTMENT MANAGER:				DATE	
APPROVED 3: GENERAL MANAGER:				DATE	

Interviewer: The additional information that may be necessary to complete an applicant's record can be obtained after hiring, during a POST HIRING INTERVIEW. Adams Item #9287 and Tops Item #3287 Employee's Record File contains a section for this purpose, while also serving as a means for up-to-date recording of employment status changes and for holding all employment forms.

This application for employment is sold only for general use throughout the United States. TOPS assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based. It is the user's responsibility to ensure that this form's use complies with applicable laws, which change from time to time.