

EMPLOYMENT HISTORY:

(List current and past employment, beginning with the most recent)

Name and Address of Company	Start Date	End Date	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving	Name of Supervisor
	Job Title: Description of Job Duties:					
Telephone:						

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	Job Title: Description of Job Duties:					
Telephone:						

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s):

Except as otherwise stated above, I hereby give the City of Englewood permission to contact the employers listed above concerning my prior work experience.

Signed: _____

PERSONAL REFERENCE:

(Do not include former employers or relatives)

Name and Occupation	Relationship	Mailing Address	Phone Number

I certify that all the information submitted by me on this application and its attachments is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated on the basis of such misrepresentation. Unless specifically noted otherwise, I hereby authorize the City of Englewood to make inquiry of any person or organization named in this application for purposes of verifying the information provided, and release any such person providing information to the City of Englewood from any liability arising out of the provision of such information.

I understand that the City of Englewood may choose to perform pre-employment record checks, including, but not limited to, criminal records checks, driving records checks, credit record checks and employment or education records checks. Additionally, I understand that, as a condition of employment, the City reserves the right to perform these records checks on a continuing basis. I hereby authorize such records checks and release any such person providing information to the City of Englewood from any liability arising out of the provision of such information.

I understand that, if I am offered a position with the City of Englewood, I will be required to submit to a pre-employment physical examination, at the expense of the City of Englewood, at a place designated by the City of Englewood, and that this physical examination will include drug/alcohol test(s), as well as any other testing procedures determined to be necessary and appropriate to the position. I hereby authorize the physical examinations/tests and authorize the release of the results of the examinations/tests to the City of Englewood. I hereby release the City of Englewood and the physician(s) and/or medical facilities performing the examinations/tests, of any and all liability arising out the administration of the examinations/tests and for any and all actions arising out of the results.

I understand that, unless the terms of employment are otherwise limited by civil service or a collective bargaining agreement, my employment can be terminated, with or without cause, and with or without notice at any time, at either my option or the City's option.

Signature of Applicant

Date Signed

Time Stamp Application Here

FOR OFFICE USE ONLY

Application Received By: _____

Test Administered: _____ Date: _____

Score: _____ Placement: _____ Pass/Fail? _____

Additional Assessment: _____ Date: _____

Score: _____ Placement: _____ Pass/Fail? _____

Notes: _____

Interview Date: _____ Interviewers: _____

Pre-Employment Physical Date: _____ Results: _____

Additional Notes: _____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION

The information you provide on this page will be used solely for recruitment and EEO purposes in compliance with State and Federal laws and guidelines.

“Race, color, religion, creed, country of origin, ancestry, sex, age, physical disability, political affiliation, or other factors not pertinent to the performance shall not be considered in recruitment, examination, appointment, training, promotion, retention, salary determination or other conditions of employment, except in cases where specific age, sex or physical requirements constitutes a ‘bona fide occupational qualification.’ Discrimination for any of the reasons stated above is, therefore, unlawful and constitutes the denial of civil rights and an affront to human dignity.” City of Englewood Rules of Merit Employment, Addendum A

Position applied for: _____ Date Applied: _____

Name: _____

PLEASE CHECK: Male _____ Female _____

- A. _____ White (non-Hispanic) Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.
- B. _____ Black (non-Hispanic) Persons of African descent, as well as those identified from Jamaica, Trinidad, and the West Indies
- C. _____ Hispanic Persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.
- D. _____ American Indian/
Alaskan Native Persons who identify themselves, or are known as such by virtue of, tribal association, and Eskimos, Aleuts or Alaskan natives.
- E. _____ Asian/Pacific
Islander Persons having origins in any of the original peoples of the Far East, South East Asia, Indian Subcontinent, or the Pacific Islands.
- F. _____ Disabled Individual with: a physical or mental impairment that substantially limits one or more major life activities, including the functions of caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; a record of a physical or mental impairment, or being regarded as having a physical or mental impairment.

Recruitment Source: Please specifically describe how you became aware of an employment opportunity with the City of Englewood. (i.e., If a newspaper was your information source, please list the name of the newspaper and the date you saw the ad. If the internet was your information source, please list the web site and the date you saw the listing.)

Thank you for your voluntary assistance in our recruitment and EEO compliance and tracking efforts.