

# City of Sheldon Application for Employment

## Applicant Information

Please print when completing this form.

Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Are you known by any other name or nicknames?  Yes  No If yes, what? \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you a U.S. citizen?  Yes  No If no, what is your status? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

What is the best time to call you? \_\_\_\_\_

Which phone number should we use to call you? \_\_\_\_\_

Have you ever filed an application here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed by the City of Sheldon?  Yes  No If yes, when? \_\_\_\_\_

If hired, when would you be available to start work? \_\_\_\_\_

Type of employment  
desired

Full-time  Part-time Will you work nights?  Yes  No

Will you travel if job requires  
it?

Yes  No Will you work Saturdays?  Yes  No

Are you able to meet the requirements of the  
position?

Yes  No

Have you ever been bonded?  Yes  No

Have you ever been convicted of a felony?  Yes  No If yes, please explain below.

Is there any reason you wouldn't be insurable with the City's vehicle insurance  
carrier?

Yes  No

**THE CITY OF SHELDON IS AN EQUAL OPPORTUNITY EMPLOYER**

## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent. Include military experience. Please explain any gaps in employment in comment section.

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Summary of job \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_

May we contact for references?  Yes  No  Later

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Summary of job \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_

May we contact for references?  Yes  No  Later

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## Employment History continued

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Summary of job \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_

May we contact for references?  Yes  No  Later

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Summary of job \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Start Pay \_\_\_\_\_ End Pay \_\_\_\_\_

May we contact for references?  Yes  No  Later

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## Education

List the schools you've attended, starting with the most recent. List the number of years completed. Indicate degree or diploma earned, if any.

School	Year Completed	Degree/Diploma	Class Rank	Major/Minor
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Languages

List the language(s) that you know and indicate your skill level.

Language	Speak Some	Speak Fluently	Read	Write	Translate
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				
_____	<input type="checkbox"/>				

## Professional Organizations & Other Activities

List any professional, trade, or civic associations you are affiliated with along with offices held. Exclude any organizations/activities that reveal sex, race, religion, national origin, age, color, disability, or other protected status.

Organization/Activity	Dates Involved	Office Held
_____		
_____		
_____		
_____		

## References

List at least references who are not related to you and are not previous supervisors. Do not include minister, priest, or clergy. Only list references that agree to be contacted on your behalf.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known \_\_\_\_\_

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known \_\_\_\_\_

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Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship \_\_\_\_\_ Years known \_\_\_\_\_

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## Other

List any special learning skills, accomplishments, publications, awards that you believe are relevant to the position you are applying for.

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Is there any additional information that you would like us to consider?

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## Referral Source

How did you hear about the position?

Newspaper    Radio    Another City employee    Relative    Employment Agency    Other

Name of source, if applicable \_\_\_\_\_

Are you related to any current employee of the City?    Yes    No

## Applicant's Signature

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service, if I am employed.

I give the City of Sheldon the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The City of Sheldon is an Equal Opportunity Employer. The City of Sheldon does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for six (6) months. At the conclusion of this time, if I have not heard from the City of Sheldon, and still want to be actively considered for a position open with the City, I acknowledge that it will be necessary for me to fill out a new application.

I understand that just as I am free to resign at any time the City of Sheldon reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the City of Sheldon has any authority to make any assurances to the contrary.

I understand it is the policy of the City of Sheldon not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date