



APPLICATION FOR EMPLOYMENT

The City of Tolar is an Equal Opportunity Employer. Qualified applicants will be considered 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.

PRINT OR TYPE

Title of Job Applying for:		Date:	
Applicant's Name:	First	Middle	
Last	First	Middle	
Address:			
Street	City	State	Zip
Telephone No.: (Area Code) Home Phone No.			
(Area Code) Home Phone No.		(Area Code) Cell Phone No.	
Best time to contact you at home is:			
Social Security Number:			
Driver's License Number:	State:Type:	Expiration Date:	
Have you ever been employed by the Ci	ty of Tolar?Yes	No	
If yes, date and department:			
Date available for work:			
Are you able to work: Full-time	Part-time	Temporary	
Are there any restrictions to the hours yo	ou can work? Yes_	No	
If yes, explain:			

Are you related to any city employee or elected official of the City of Tolar?						
YesNo						
If yes, whom:		Re	elationship:			
Do any of your friend	ds work for the City of	Tolar? Ye	esN	lo	_	
If yes, state friend's i	name and position:					
Are you currently em	ployed?	Yes	No			
May we contact your	present employer?	Yes	No			
Are you prevented fr Immigration status?	om lawfully becoming	employed ii	•	because of \ No		
Proof of citize	enship or immigration	status may l	be required up	oon employm	ent.	
EDUCATION						
Type of School	Name and Address		No. of Years Attended	Grad. Yes/No	Major	Degree
High School or						
GED (circle one)						
University						
Other						
Military Service Rec	ord:					
Are you a veteran?	YesNo		Branch:			
Date Entered:	Date	Discharged	<u> </u>		_	
Have you ever been convicted, pled guilty or no contest to a felony offense? YesNo (Important: For purposes of employment with the City of Tolar, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.) If so, please explain:						
,						
A conviction record will not necessarily disqualify you from employment. Your case will be considered in relationship to the requirements of the position.						

If yes, do you have any physical, mental, or medical impa ability to satisfactorily perform the job applied for? YesI type(s) of job accommodations will enable you to perform the job Personal / Professional References: (Do not include family mem EMPLOYMENT HISTORY: (start with the most recent) Employer Dates Employed Address From To Telephone To Job Title Hourly Rate/Salary Supervisor Beginning Ending Reason for Leaving	No If so, what
EMPLOYMENT HISTORY: (start with the most recent) Employer Dates Employed Address From To Telephone Hourly Rate/Salary Supervisor Beginning Ending	
Employer Dates Employed Address From To Telephone Hourly Rate/Salary Supervisor Beginning Ending	nbers or former supervisors).
Address From To Telephone	
Telephone Job Title Hourly Rate/Salary Supervisor Beginning Ending	Work Performed
Job Title Hourly Rate/Salary Supervisor Beginning Ending	
Supervisor Beginning Ending	
Reason for Leaving	
Treason for Leaving	May we contact? Yes No
Employer Dates Employed	Work Performed
Address From To	
Telephone	
Job Title Hourly Rate/Salary	
Supervisor Beginning Ending	
Reason for Leaving	May we contact? ☐ Yes ☐ No
Employer Dates Employed	Work Performed
Address From To	
Telephone	
Job Title Hourly Rate/Salary	
Supervisor Beginning Ending	
Reason for Leaving	May we contact? ☐ Yes ☐ No
Employer Dates Employed	Work Performed
Address From To	
Telephone	
Job Title Hourly Rate/Salary	
Supervisor Beginning Ending	1
Reason for Leaving	

Qualifications Summary: In detail, list qualifications and skills you possess, including any light/heavy equipment/machinery operated:
List any other information you feel will be helpful in considering your application.
I,
I further understand that employment with the City of Tolar is an "at-will" relationship, which means that I may resign at any time, and the City of Tolar may discharge me at any time with or without cause.
Please sign below to signify that this information has been disclosed to you and that you provide authorization to the City of Tolar to investigate all statements and to obtain a criminal history check.
Applicant's Signature Date

CRIMINAL HISTORY VERIFICATION / AUTHORIZATION FORM

I,	, have been notified that a
•	verification check will be performed by accessing Secure Website and will be based on the Name and
	a <u>date of birth is required;</u> however, this data (the bb application and will not be used to evaluate my seeking.
I voluntarily and fully authorize the City of the hiring process.	y of Tolar to obtain a criminal history check as par
Signature of Applicant	 Date
Printed Name of Applicant	
Date of Birth	

CITY OF TOLAR AUTHORITY TO RELEASE INFORMATION

In submitting this application for employment, I authorize the City of Tolar to verify all data needed to support the information provided, and to obtain references from my past and present employer(s).

Therefore, I respectfully request that past and/or present employer(s) release pertinent information to the City of Tolar, which will be utilized to evaluate my suitability for the job that I am currently seeking. The information will be maintained in the strictest confidence.

Annlicant's Signature	
Applicant's Signature	Date