

**TOWN OF HORIZON CITY**  
**APPLICATION FOR EMPLOYMENT**  
*AN EQUAL OPPORTUNITY EMPLOYER*

Employees of the Town of Horizon City and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.  
**Please type or print in ink (black or blue)**

<b>EMPLOYMENT INFORMATION</b>				
POSITION APPLYING FOR:			DATE:	
SALARY DESIRED:	DATE YOU CAN START: (Date not required if two weeks can be provided to current employer)			
TYPE OF EMPLOYMENT <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekend <input type="checkbox"/> Evening <input type="checkbox"/> Shift Work				
<b>PERSONAL INFORMATION</b>				
(Last)		(First)	(Middle)	
NAME:				
(Number/Street)	(Apt.#)	(City)	(State)	(Zip Code)
ADDRESS:				
PHONE NUMBERS: ( )		HOME	WORK	ALTERNATE
Would you like to be contacted by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide e-mail address:				
Current Driver's License # (If required for position) _____				
Commercial Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No		(State)	(Number)	
(Uniform Police Applicant Only) Date of Birth: _____ (mm/dd/yyyy)				
<b>EDUCATION/TRAINING INFORMATION</b>				
Indicate Highest Grade Completed: _____ Did you receive a High School diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Vocational/Business/Trade Schools Attended (Attach Certificates)</b>				
Name of School & Location	Diplomas or Certificates Awarded	Hrs./Months Completed	Course of Study	
<b>College/University Attendance (Attach Certificates/Transcripts)</b>				
Name of School & Location	# of hrs. completed	Major/Minor	Type of Degree	

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Office/Secretarial Applications			
Skill/Aptitude	Years of Experience	Words Per Minute	Software Used
Typing			
Word Processing			
Data Entry			

**EMPLOYMENT RECORD/EXPERIENCE**

List your current or most recent position and work backwards describing all positions/jobs held that you believe would qualify for this position including volunteer, part-time, temporary, and self-employment. Resume can be substituted for this section; however, the resume must be formatted to contain the information requested in this section. You may list your entire work history. Use blank paper for additional space.

EMPLOYER:	JOB TITLE:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE: (    )	Supervisor's Name:	May we contact supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed: <b>From</b> (mm/yyyy)	<b>To</b> (mm/yyyy)	<b>Total Time:</b>	Yrs.    Months    hrs. per week
Salary: (Start)	(Ending)	Reason for Leaving:	

Duties:

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EMPLOYER:	JOB TITLE:		
ADDRESS:	CITY:	STATE:	ZIP:
PHONE: (    )	Supervisor's Name:	May we contact supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed: <b>From</b> (mm/yyyy)	<b>To</b> (mm/yyyy)	<b>Total Time:</b>	Yrs.    Months    hrs. per week
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ADDRESS:	CITY:	STATE:	ZIP:
PHONE: (    )	Supervisor's Name:	May we contact supervisor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed: <b>From</b> (mm/yyyy)	<b>To</b> (mm/yyyy)	<b>Total Time:</b>	Yrs.    Months    hrs. per week
Salary: (Start)	(Ending)	Reason for Leaving:	

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Duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_ May we contact supervisor:  Yes  No

Dates Employed: **From** (mm/yyyy) \_\_\_\_\_ **To** (mm/yyyy) \_\_\_\_\_ **Total Time:** Yrs. \_\_\_\_\_ Months \_\_\_\_\_ hrs. per week \_\_\_\_\_

Salary: (Start) \_\_\_\_\_ (Ending) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RECRUITMENT INFORMATION**

**HOW DID YOU LEARN ABOUT THIS JOB?**

- Local Newspaper Advertisement  Recruiting Program (Career Day)  
 City Job Placement Announcement  Visit to City's Human Resources Office  
 Present City Employee  Other (Specify): \_\_\_\_\_

**(READ CAREFULLY AND ANSWER ALL QUESTIONS BY CHECKING YES, NO OR N/A)**

1. Are you over the age of 21? (Uniform Police Applicant Only)  N/A  YES  NO
2. Have you previously worked for the Town of Horizon City? If yes, provide dates, City Department and reasons for your separation in **REMARKS** below.  N/A  YES  NO
3. Do you have relatives employed by the Town of Horizon City, or relatives who are currently serving on City Council?  N/A  YES  NO  
If yes, list name(s), relationship(s), and Department(s) in **REMARKS** below.
4. Have you been dismissed from any job? If yes, include name of employer and explain reasons for leaving in **REMARKS** below.  N/A  YES  NO
5. Have you ever been convicted of a misdemeanor or Felony? If yes, list payment(s) of (a) fine(s) or forfeiture of (a) bond(s) and pleas of nolo contendere in **REMARKS** below.  N/A  YES  NO
6. Have you ever served in the military?  N/A  YES  NO  
If yes, veteran(s) must submit discharge form.
7. Have you ever been convicted by a military court-martial?  N/A  YES  NO  
If **Yes**, list payment(s) of (a) fine(s) or forfeiture in **REMARKS** below.
8. Do you have a Valid Driver's License?  N/A  YES  NO
9. Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations?  N/A  YES  NO
10. Are you a U.S. Citizen, Permanent Resident, Temporary Resident (Answer "No" if you are a non-immigrant such as F-1 or J-1 student, H-1B worker, etc.), Asylee, or Refugee?  N/A  YES  NO  
If **Yes**, Specify in **REMARKS** below.

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**If you answer YES to questions 5 & 7, please provide proof of disposition (dismissed, payment, probation, etc.). A conviction does not necessarily disqualify applicants from employment consideration.**

**REMARKS:**

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**GENERAL TERMS AND CONDITIONS**

1986 Immigrations and Reform and Control Act

The Town of Horizon City considers very seriously and is responsible under the Immigration Reform and Control Act of 1986 to hire only persons authorized to work in the United States. As a condition of employment, I understand that I will be required to furnish proof of my identity and authority to work in the U.S. as required by law.

\_\_\_\_\_  
Signature Date

Applicant's Certification and Release of Liability

I certify that the information I have given on this application and its attachments is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may constitute grounds for denial of employment or subject me to termination at any time during employment. It is to my knowledge that I must provide educational documents; certificates, diplomas to qualify for an examination and that failure to submit required documentation at time of application will result in disqualification from taking the examination.

I under Applications and documents filed with the application are not returnable nor subject to retrieval once filed. I understand that my application is being considered only for the specific position for which I have applied, and that my application will remain active for no more than 180 days (6 months). If I am not hired for this position and subsequently become interested in any future job opportunities that become available, I understand that I will need to reapply.

I consent to the release of information, about my ability and fitness for employment with the Town of Horizon City, by employers, schools, and law enforcement agencies and other individuals and organizations, to investigators, Human Resources staffing specialists, and others authorized by the Town of Horizon City. Furthermore, I agree to hold harmless to the Town of Horizon City and their agents, associates and employees and all persons supplying the information to the City and their agents, associates and employees, of any and all liabilities arising out of their investigation of my application for employment.

I further agree that, if hired, I will be required to comply with all rules, policies, and regulations of the Town of Horizon City.

I understand that the city's benefits, rules, policies and regulations may be changed, modified, deleted or supplemented by the City at any time.

\_\_\_\_\_  
Signature Applicant Date