



**TOWN OF PINE BLUFFS
EMPLOYMENT APPLICATION**

The Town of Pine Bluffs is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other status protected by law or regulation

Position Applied For: _____

Date of Application: _____

APPLICANT

Name _____

Address _____

SSN _____

Driver License Number/State _____

CONTACT INFORMATION

Home Phone _____

Cell Phone _____

Work Phone _____

Email Address _____

TYPE OF EMPLOYMENT

Full Time

Part Time

Seasonal

Temporary

Are you legally eligible for employment in the United States

Are you related to a Town of Pine Bluffs employee?

Have you ever been convicted of any law violation?

Include any plea of "guilty" or "no contest" - Exclude minor traffic violations

If "Yes" describe in full (a conviction will not necessarily disqualify an applicant for employment)

Have you had your driver's license suspended or revoked in the last 3 years?

If "Yes" describe in full: (a conviction will not necessarily disqualify an applicant for employment)

DATES AVAILABLE

From _____

To _____

Yes

No

Yes

No

Name

Yes

No

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School

Years Completed 1 2 3 4

School _____

College/Vocational

Years Completed 1 2 3 4

School _____

Major _____

Diploma/GED Yes

No

City/State _____

Diploma Yes

No

City/State _____

Degree/Certificate Earned _____

MILITARY

Have you ever served as a member of the Armed Forces of the United States?

Yes

No

Branch of Service _____

Type of discharge _____

PROFESSIONAL LICENSES, CERTIFICATIONS OR MEMBERSHIPS

What licenses, certifications or memberships do you possess that are related to the position you are applying for:

SKILLS

What skills do you have or what additional training have you participated in that are related to the position you are applying for:

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time during the last seven (7) years to include military service and any periods of unemployment. If self-employed, provide firm name and supply business references.

1. EMPLOYER NAME & ADDRESS	DATES OF EMPLOYMENT	JOB TITLE
	From: To:	
SUPERVISOR NAME	WAGES	WHY DID YOU LEAVE?
	Starting: Ending:	
2. EMPLOYER NAME & ADDRESS	DATES OF EMPLOYMENT	JOB TITLE
	From: To:	
SUPERVISOR NAME	WAGES	WHY DID YOU LEAVE?
	Starting: Ending:	
3. EMPLOYER NAME & ADDRESS	DATES OF EMPLOYMENT	JOB TITLE
	From: To:	
SUPERVISOR NAME	WAGES	WHY DID YOU LEAVE?
	Starting:	

Are you presently employed? No Yes _____

Contact Name and Number

Have you ever been fired from a job or asked to resign? No Yes _____

Reason

REFERENCES

Please list three (3) references; do not list family members or prior employer

NAME	ADDRESS	PHONE NUMBER

AFFIDAVIT, CONSENT AND RELEASE

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass a drug screening examination and a criminal background investigation. I hereby consent to a pre-employment drug screen and a criminal background investigation, if required, as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE MAYOR/DESIGNEE OF THE TOWN OF PINE BLUFFS HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE MAYOR/DESIGNEE AND THE EMPLOYEE.

I am fully aware that the probation period for the Town of Pine Bluffs is six (6) months and that I can be dismissed without cause throughout the specific probationary period. I also certify that the foregoing answers are correct to the best of my knowledge and belief. I have read, understand, and by my signature consent to these statements.

Signature _____ Date _____