



City of Seymour Employment Application Form

If you need assistance completing this form, assistance will be provided

Equal Opportunity Employer- Discrimination in employment because of race, religion, creed, color, national origin, ancestry, age, sex, disability, or liability of service in the Armed Forces, of the United States is prohibited by City Of Seymour policy. In addition, the City employment policy requires compliance with national and state employment practices, laws, and regulations. The City of Seymour is an equal opportunity employer.

NAME: _____ DATE: _____
Last First Middle

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU 18 YRS OR OLDER?: YES or NO (IF NO, STATE AGE) _____

WHAT TYPE OF DRIVER'S LICENSE DO YOU HOLD? NONE OPERATORS COMMERCIAL OTHER

HAS THE CITY OF SEYMOUR EVER EMPLOYED YOU? YES or NO
IF YES, DEPARTMENTS AND DATE(S) _____

DO YOU HAVE RELATIVES WORKING FOR THE CITY OF SEYMOUR, IN THE DEPARTMENT IN WHICH YOU ARE APPLYING? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES or NO
(IF YES, EXPLAIN. NOTE: THIS ANSWER WILL BE CONSIDERED ONLY AS IT RELATES TO THE FITNESS TO PERFORM THE JOB.)

ARE YOU SEEKING WORK: **FULL-TIME** **PART-TIME** **TEMPORARY**

POSITION(S) APPLYING FOR:

IF NOT APPLYING FOR A SPECIFIC POSITION, INDICATE OTHER PREFERRED JOB: (CHECK ONE AREA BELOW)

OFFICIALS & ADMINISTRATORS
PROFESSIONAL

TECHNICIAN
SKILLED CRAFT

CLERICAL/OFFICE
LABORER

EDUCATION

SCHOOL	NAME/LOCATION	LAST YEAR COMPLETED	MAJOR	DID YOU GRADUATE? (YES or NO)
GRADE SCHOOL				
HIGH SCHOOL				
TECHNICAL				
COLLEGE				
OTHER				

OTHER EDUCATION RELATED INFORMATION: _____

MILITARY INFORMATION

DATES OF SERVICE: **FROM:** _____ **TO:** _____

EMPLOYMENT HISTORY

1. COMPANY NAME: _____ TELEPHONE: _____
 ADDRESS: _____
 DATE STARTED: _____ DATE LEFT: _____ WAGE: _____
 SUPERVISORS NAME & TITLE _____
 REASON FOR LEAVING: _____
2. COMPANY NAME: _____ TELEPHONE: _____
 ADDRESS: _____
 DATE STARTED: _____ DATE LEFT: _____ WAGE: _____
 SUPERVISORS NAME & TITLE _____
 REASON FOR LEAVING: _____
3. COMPANY NAME: _____ TELEPHONE: _____
 ADDRESS: _____
 DATE STARTED: _____ DATE LEFT: _____ WAGE: _____
 SUPERVISORS NAME & TITLE _____
 REASON FOR LEAVING: _____
4. COMPANY NAME: _____ TELEPHONE: _____
 ADDRESS: _____
 DATE STARTED: _____ DATE LEFT: _____ WAGE: _____
 SUPERVISORS NAME & TITLE _____
 REASON FOR LEAVING: _____

MAY WE CONTACT EMPLOYERS LISTED ABOVE? **YES** or **NO**

PERSONAL REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER	RELATIONSHIP	HOW LONG HAVE YOU KNOWN THIS PERSON?
1.				
2.				
3.				

ADDITIONAL INFORMATION

Can you show proof of eligibility to work in the United States? **YES or NO**

If offered employment with the City of Seymour, federal law will require you to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents cannot work for the City of Seymour.

I authorize anyone whose request is made to supply the City of Seymour any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the City and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me, including but not limited to school records, credit reports, criminal and arrest records, workers' and unemployment compensation records, publically available, medical records related to the job applied for, records of military service, and driving records. I further consent to take any skills, aptitude, psychological, personality, medical and drug tests required for consideration for employment. I understand falsification, misrepresentation, incomplete information, or omission of facts requested on this application will result in dismissal.

I understand and hereby acknowledge that if I am offered and accept employment with the City, my employment and compensation may be terminated with or without cause and with or without notice at any time at the option of the City of Seymour. I further understand that this application for employment is not a contract of employment.

Signature: _____ **Date:** _____