

CITY OF MALVERN EMPLOYMENT APPLICATION

This City is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin or disability.

Position Applied For

Date of Application

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate:

Please answer ALL questions. You may add additional pages if necessary to fully respond to any question. Print or write legibly. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment. If hired, you may be subject to termination.**

PERSONAL INFORMATION (To Be Completed by All Applicants)

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Telephone

Yes

No

Yes

No

Are you 18 or older?

Social Security Number

Are you legally eligible to work in US?

E-mail Address

Is there any name, other than the name stated above, which you have previously used to identify yourself? _____

If you are a military veteran, please provide information regarding your military service and type of discharge:

EMPLOYMENT HISTORY

(To Be Completed by All Applicants – List Most Recent Employer First. Be sure to include an explanation for all gaps in employment. Attach more sheets if necessary.)

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor: _____

Position Held and duties: _____

Employer's Address: _____

Ending Salary: _____ Reason For Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor: _____

Position Held and duties: _____

Employer's Address: _____

Ending Salary: _____ Reason For Leaving: _____

Employer Name: _____ Phone Number: _____

Start Date: _____ End Date: _____ Supervisor: _____

Position Held and duties: _____

Employer's Address: _____

Ending Salary: _____ Reason For Leaving: _____

Have you ever previously applied for employment with the City? _____
If yes, when and under what name? _____

Have you previously been employment by the City? _____
If yes, when and under what name? _____

EDUCATION

High School Name _____ **City/State** _____

Years Completed _____ **Diploma/Degree** _____

Colleges and Trade Schools

Name of School Location Years Completed Total Hours Degree Earned

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience:

Specialized Skills (Check Skills/Equipment Operated):

___ Excel ___ Outlook/Email ___ Word

____ Copy/Fax ____ Quickbooks ____ Webpage Software

State any additional information you feel may be helpful to us in considering your application:

CRIMINAL RECORD

The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication, and an adjudication of guilt or delinquency as a minor.

If you answer “yes” to any of the following questions, you must provide details in an attachment:

Have you ever been convicted of a felony? _____

Have you ever been convicted of a serious misdemeanor? _____

Note: Convictions will not necessarily bar you from employment. We will consider the number, nature, seriousness, and date of the convictions in making our decision.

REFERENCES

| Name | Address | Phone |
|------|---------|-------|
|------|---------|-------|

| | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

| | | |
|------|---------|-------|
| Name | Address | Phone |
|------|---------|-------|

**FOR MOTOR VEHICLE OPERATOR APPLICANTS
OR ANYONE WHO MAY DRIVE A CITY VEHICLE**

DRIVING EXPERIENCE/EQUIPMENT EXPERIENCE

Please list class of equipment, type of equipment and approximate miles:

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards? _____ If yes, from whom? _____

Have you ever had an automobile accident? _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?

Has your motor vehicle license ever been suspended or revoked?

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI)?

ACCIDENT RECORD

(List all accidents in the past 5 years whether chargeable or non-chargeable)

Date: _____ Nature of Accident: _____ Fatality: _____ Injuries: _____ Vehicle: _____

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas in the past 5 years, other than parking violations)

Date: _____ City, State: _____ Charge: _____ Penalty: _____ Vehicle: _____

FOR ALL APPLICANTS – PLEASE READ CAREFULLY BEFORE SIGNING:

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or if I am hired, regardless of the date on which the City discovers the violation of its policy regarding application form dishonesty, I understand I would be subject to immediate termination.

In connection with my application for employment with the City, I expressly authorize the release to the City of any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the City and any other person, firm, agency or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to the City as part of my application for employment.

I hereby give permission to the City to go into closed session to discuss this application for employment.

If I am offered and accept employment with the City, I understand that my employment is AT WILL and that my employment may be terminated at any time and for any reason either by me or by the City.

Signature _____ Date _____