



# CITY OF HEADLAND

Application for Employment

The City of Headland is a DRUG FREE Work Place and an Equal Opportunity Employer

Please use ink, complete entire form, sign and attach additional pages if needed. Resumes may be attached.

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last Suffix

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_ Type: \_\_\_\_\_

In Case of Emergency, whom do we notify: Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Are you 18 years of age or older? Yes  No

Are you related to anyone currently employed by the City? Yes  No

If so, please explain (List their name): \_\_\_\_\_

\*Have you ever been convicted of a felony or first-degree misdemeanor?  No  Yes If "YES", what charges?

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

\*Have you ever pled Nolo Contendere or pled guilty to a crime, which is a felony or first-degree misdemeanor?

No  Yes  If "YES", what charges?

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

\*Have you ever had the adjudication of guilt withheld for a crime, which is a felony or a first-degree misdemeanor?

No  Yes  If "YES", what charges?

Where convicted? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

**\*NOTE:** A "YES" answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? Yes  No

Date you could start work: \_\_\_\_\_ Salary/Hourly rate desired? \_\_\_\_\_

Are you currently employed? Yes  No  If yes, may we contact your current employer? Yes  No

Have you ever applied to work with the City before? Yes  No

Did you serve in the Military? Yes  No  Which branch: \_\_\_\_\_

EDUCATION	NAME & LOCATION	# OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
High School				
College				
Graduate Studies				
Trade, Business or Other School				

Please list any special skills, certification or licenses you may have: \_\_\_\_\_

Former Employers (List your last three employers starting with the most recent)

DATES EMPLOYED	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION HELD	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				

REFERENCES: Please list the name of three people not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS THEY ARE IN	YEARS KNOWN
1.			
2.			
3.			

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE CITY'S PERSONNEL POLICIES AND PROCEDURES AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE OTHER THAN ITS MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I WILL UNDERGO A PRE-EMPLOYMENT DRUG TEST, MOTOR VEHICLE RECORDS AND A BACKGROUND CHECK. BY SIGNING BELOW, I GIVE CONSENT TO PERFORM THE REQUIRED BACKGROUND CHECKS (DRIVERS AND/OR CRIMINAL).

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Hired on: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Rate: \_\_\_\_\_ per hour  per week  Annually

Starting date: \_\_\_\_\_ City Clerk: \_\_\_\_\_

Department Head: \_\_\_\_\_ Mayor: \_\_\_\_\_