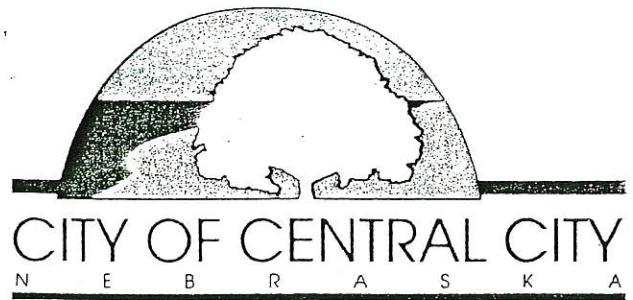


Application for Employment



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| | | | |
|-----------------------------|----------------|------------------------|---------------|
| Position(s) Applied For | | Date of Application | |
| How Did You Learn About Us? | | | |
| _____ Advertisement | _____ Friend | _____ Walk-in | |
| _____ Employment Agency | _____ Relative | _____ Other _____ | |
| Last Name | First Name | Middle Name | |
| Address (Number & Street) | | City | State ZipCode |
| Telephone Number(s) | | Social Security Number | |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

_____ Yes _____ No

Have you ever filed an application with us before?

_____ Yes _____ No

If Yes, give date _____

Have you ever been employed with us before?

_____ Yes _____ No

If Yes, give date _____

Are you currently employed?

_____ Yes _____ No

May we contact your present employer?

_____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

_____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you currently on "Lay-Off" status and subject to recall?

_____ Yes _____ No

Can you travel if a job requires it?

_____ Yes _____ No

Have you been convicted of a felony within the last 7 years?

_____ Yes _____ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | | |
|----|-------------------------------|--------------------|-------|----------------|
| 1. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title Supervisor | Starting | Final | |
| | Reason for Leaving | | | |
| 2. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title Supervisor | Starting | Final | |
| | Reason for Leaving | | | |
| 3. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title Supervisor | Starting | Final | |
| | Reason for Leaving | | | |
| 4. | Employer | Dates Employed | | Work Performed |
| | | From | To | |
| | Address | | | |
| | Telephone Number(s) | Hourly Rate/Salary | | |
| | Job Title Supervisor | Starting | Final | |
| | Reason for Leaving | | | |

If you need additional space, please continue on a separate sheet of paper.

| | |
|--|--------------------------|
| DO NOT CONTACT | |
| We may contact the employers listed above unless you indicate those you do not want us to contact. | Employer Number(s) _____ |
| | Reason _____ |

Education

| | Elementary School | High School | Undergraduate College/University | Graduate Professional |
|--|-------------------|-------------|-------------------------------------|--------------------------|
| School Name and Location | | | | |
| Years Completed | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 | 1 2 3 4 |
| Diploma/Degree | | | | |
| Describe Course of Study | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities | | | | |
| Describe any honors you have received | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | |

Indicate any foreign languages you can speak, read and/or write

| | Fluent | Good | Fair |
|-------|--------|------|------|
| Speak | | | |
| Read | | | |
| Write | | | |

List professional, trade, business or civic activities and offices held

(You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

| |
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| |
| |

Have you ever had any job-related training in the United States Military?

___ Yes ___ No

If yes, please describe

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

___ Yes ___ No

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

| |
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| |
| |
| |

References

Give name, address and telephone number(s) of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that I must pass a pre-employment drug test to be considered for employment in some positions. I also understand that I may be offered employment conditional upon the results of a medical examination. I acknowledge receipt of a job description for the position. I have read and understand all of the essential job tasks required of the position.

I also understand that I must meet the residency requirements of the City of Central City within sixty days from the date of hire and agree to same.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the City of Central City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

This application for employment shall be considered current for a period of time not to exceed 45 days from date of application.

I understand and agree that the City of Central City may make pre-employment inquiries into my ability to perform job-related functions and I give my permission to the city (or its agents) to seek and obtain job-related information concerning my previous employment from previous employers and any references listed or attached. I give my permission to my previous employers, and any references listed or attached, to provide job-related information concerning my employment at their company, except as noted. I release all concerned from any liability in connection therewith.

My signature below indicates that I have read, understood and agree to the preceding statement and that I have made true, correct and complete answers and statements on this application and any supplements to it. My signature further indicates that I agree and understand that any misstatement or omission of material fact may constitute cause for the withdrawal of an employment offer or dismissal from employment with the City of Central City.

Signature of Applicant

Date