


|   |  |   |  |   |                             |
|---|--|---|--|---|-----------------------------|
|  <b>City of Paris</b>  |  | <b>APPLICATION FOR EMPLOYMENT</b>   |  |   |                             |
| Position Applying For:  |  |   |  | Date Available:   |                             |
| Name  |  | Last Name   |  | First Name  | Middle                      |
| Address   |  | Street  |  | Apt #   | City State Zip              |
| Home Phone #  |  |   |  | Business/Secondary Phone #                                  |                             |
|   |  | If you are under the age of 18 can you furnish a work permit?                           |  | Yes <input type="checkbox"/>                                | No <input type="checkbox"/> |
| Have you ever been previously employed by the City of Paris?  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  | If so when:   |                             |
| Have you any objections to the City of Paris making inquiry of your present employer regarding your character, qualifications, etc.?                |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  | If yes to any question, please explain on a separate sheet. |                             |
| Have you ever been discharged or forced to resign?  |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  |   |                             |
| Have you ever been convicted of an offense in an adult court?<br><small>A conviction will not automatically exclude you from consideration.</small> |  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                     |  |   |                             |
| Education   |  | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17<br><small>Circle Last Grade Completed</small> |  |   |                             |
| Name of School  |  | Location of School  |  | Degree or Diploma Received                                  |                             |
|   |  |   |  |   |                             |
|   |  |   |  |   |                             |
|   |  |   |  |   |                             |
| <b>Complete this section if you have previous military service.</b>   |  |   |  |   |                             |
| Branch of Service   |  |   |  |   |                             |
| Army <input type="checkbox"/>   |  | Air Force <input type="checkbox"/>  |  | Coast Guard <input type="checkbox"/>                        |                             |
| Marine Corps <input type="checkbox"/>   |  | Navy <input type="checkbox"/>   |  | Other _____   |                             |
|   |  |   |  | Discharge Date  |                             |
|   |  |   |  | Reserve Member?   |                             |
| Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |   |  |   |                             |
| <b>List names, addresses, and phone numbers of three references <u>other</u> than relatives and past employers:</b>                                 |  |   |  |   |                             |
| Name  |  | Address   |  | Phone   |                             |
|   |  |   |  |   |                             |
|   |  |   |  |   |                             |
|   |  |   |  |   |                             |
| Valid Drivers License #   |  |   |  | State Issued by   |                             |
| Has your license ever been suspended or revoked?  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |  | If yes please explain on a separate sheet of paper.         |                             |
| <b>POLICE AND FIRE APPLICANTS ONLY</b>  |  |   |  |   |                             |
| Are you a U.S. Citizen?   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                |  |   |                             |
| Height  |  | Weight  |  |   |                             |
| Feet  |  | Inches  |  | Pounds  |                             |

|   |  |
|---|--|
| What labor skills do you have?  |  |
| Additional training, scholastic honor, membership in professional organizations, etc. |  |
| Can you perform all required duties of this position? See job description.            |  |

**EXPERIENCE**

Please list below a complete statement of your work history. List your most recent employer FIRST. Be specific, as your experience rating will be based on this information.

|                     |                           |                         |                    |  |
|---------------------|---------------------------|-------------------------|--------------------|--|
| Employer            | Name and Address          |                         | Phone Number       |  |
| Position Held       |                           |                         | Name of Supervisor |  |
| Dates of Employment | From      Month      Year | To      Month      Year |                    |  |
| Monthly Salary      | From      To              | Reason for Leaving      |                    |  |
| Employer            | Name and Address          |                         | Phone Number       |  |
| Position Held       |                           |                         | Name of Supervisor |  |
| Dates of Employment | From      Month      Year | To      Month      Year |                    |  |
| Monthly Salary      | From      To              | Reason for Leaving      |                    |  |
| Employer            | Name and Address          |                         | Phone Number       |  |
| Position Held       |                           |                         | Name of Supervisor |  |
| Dates of Employment | From      Month      Year | To      Month      Year |                    |  |
| Monthly Salary      | From      To              | Reason for Leaving      |                    |  |

**CERTIFICATION**

I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement of material facts will subject me to disqualification or dismissal.

|                   |      |
|-------------------|------|
| <b>Applicant:</b> |      |
| Signature         | Date |

A drug and alcohol test will be required as a condition of employment. You will receive the policy on drug and alcohol testing upon offer of employment.