



THE CITY OF CLEVELAND, MISSISSIPPI

For office use only
App. Date _____
Rec. By _____

APPLICATION FOR EMPLOYMENT

The City of Cleveland is an equal opportunity employer and recruits, hires, trains, assigns personnel, promotes and compensates employees without regard to race, color, religion, national origin, age, sex, marital status, disability or sexual orientation. All employment decisions at the City of Cleveland are made on the basis of merit and job requirements.

**GENERAL INFORMATION**

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_ E-mail \_\_\_\_\_

Position applied for \_\_\_\_\_ Department \_\_\_\_\_

What date can you start work? \_\_\_\_\_

Have you been employed here before?  Yes  No If yes, when \_\_\_\_\_

Special training or skills (languages, machine operation, etc.) that would be of special benefit in the job for which you are applying: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

- |                           |   |   |
|---------------------------|---|---|
| Highest form of education | <input type="checkbox"/> Some high school   | <input type="checkbox"/> High school diploma or GED |
|                           | <input type="checkbox"/> Technical School   | <input type="checkbox"/> Some college               |
|                           | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Bachelor's degree          |
|                           | <input type="checkbox"/> Graduate degree    | <input type="checkbox"/> Other: _____               |

Name of school \_\_\_\_\_ Year graduated if applicable \_\_\_\_\_

**PERSONAL REFERENCES** (other than family members or previous employers)

- Name \_\_\_\_\_ Phone (        ) \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone (        ) \_\_\_\_\_  
Address \_\_\_\_\_
- Name \_\_\_\_\_ Phone (        ) \_\_\_\_\_  
Address \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Place an X by the employer(s) you do not want us to contact. List all employment experience beginning with the most recent. Use additional paper if needed.

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone (        ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed:        from \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone (        ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed:        from \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone (        ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed:        from \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone (        ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed:        from \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone (        ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed:        from \_\_\_\_\_ to \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## ADDITIONAL INFORMATION

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination.

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application or any other document will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

I understand that neither anything said in an interview nor anything contained in this employment application or any other document is intended to create a contract between me and the City of Cleveland. I further understand that if an employment relationship is established, I will have the right to terminate my employment at any time, for any reason or no reason, and the City will have the same right. I understand that no one other than the Chief Administrative Officer of the City has the authority to make a promise, representation, or agreement that is binding on the City regarding my employment or benefits, and that any such promise, representation, or agreement must be in writing and signed by both the Chief Administrative Officer and me in order to be binding on the City.

If required by the City of Cleveland at any time as a condition of my employment, I agree to submit myself, immediately upon request, for a physical or mental examination by a physician designated by the City and for a drug or alcohol test, at the City's expense.

I hereby authorize the City of Cleveland to release to other prospective employers any information regarding my employment by the City of Cleveland, including the information set forth in this application or obtained by the City of Cleveland from sources named by me, whether or not this information is in the City of Cleveland's records, and I hereby release, acquit and agree to hold harmless from any and all resulting liability, the City of Cleveland in connection with releasing such information.

I have read and understand the foregoing statement of agreement and accept the terms stated therein. I understand this application will be given active consideration for one (1) year following the date below. If I am not employed during this period, I understand it will be necessary for me to file a new application form to be eligible for further consideration by the City of Cleveland.

I understand that the City of Cleveland has declared itself a drug and alcohol free work environment, and that the City of Cleveland will require me to submit to a pre-employment drug and alcohol test as a condition of the employment application. I further understand that if I test positive for any drug that I cannot provide a valid prescription on, I will be ineligible for employment, or if already scheduled for employment, will be discharged or deemed unsuitable for employment as a result of such positive test results. I understand that further testing criteria is explained in the City of Cleveland Drug and Alcohol Policy.

Printed Applicant Name \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Application Date \_\_\_\_\_

# APPLICANT LOG

The City of Cleveland is an Equal Opportunity / Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's ethnic background, citizenship and sex. Please complete the following Applicant Log information, which will be removed from the application, retained in the City of Cleveland Human Resources Department and not forwarded to any employment department. In keeping with the City's status as an Equal Opportunity / Affirmative Action Employer, this information will not be used in making any discussion affecting employment or any personnel action following employment.

Today's Date _____	Name (Print or Type as on Social Security Card) _____	Are you a Vietnam Era Veteran? (Vietnam Era begins August 4, 1964) No _____ Yes _____
Month / Year _____	(Last) _____ (First) _____ Middle _____ CITIZENSHIP Resident foreign national (Alien who has been admitted for permanent residence (must have Alien Registration Card, Form 1-151) _____ Non-resident foreign national (Alien admitted temporarily for specific purposes and periods of time) _____ U. S. Citizen _____	
<b>ETHIC BACKGROUND</b>		
_____ White (not Hispanic)	Origins in Europe, North Africa, the Middle East, or the Indian subcontinent _____	
_____ Black (not Hispanic)	Origins in any of the black racial groups _____	
_____ American Indian or Alaskan Native	Origins in the original peoples of North America _____	
_____ Asian or Pacific Islanders	Origins in the Far East, Southeast Asia, or the Pacific Islands _____	
_____ Hispanic	Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race _____	