



Veteran of the U.S. military service?  Yes  No      If Yes, Branch \_\_\_\_\_

Indicate what foreign languages you speak, read, and/or write.

	Fluently	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

List professional, trade, business or civic activities and offices held.  
(Exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

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

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**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Disabilities.**

The Vietnam-Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Federal Rehabilitation Act of 1973 requires government contractors to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era, and individuals with disabilities. If you are a Vietnam veteran, a disabled veteran, or have a disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual     Disabled Veteran       Vietnam Era Veteran

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

## Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, sex or national origin.

<b>1</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Job Title	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Supervisor			
	Reason for Leaving			
<b>2</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Job Title	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Supervisor			
	Reason for Leaving			
<b>3</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Job Title	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Supervisor			
	Reason for Leaving			
<b>4</b>	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Job Title	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
	Supervisor			
	Reason for Leaving			

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

**Special Skills and Qualifications**

Summarize special skills and qualifications acquired from employment or other experience \_\_\_\_\_

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**Education**

	Elementary	High	College/University	Graduate/Professional
School Name:				
Years Completed:(Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

Honors Received: \_\_\_\_\_

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

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**PRE-EMPLOYMENT STATEMENT**

I hereby authorize investigation of all statements in this application. I certify that such statements are true and complete to the best of my knowledge. I understand that any misrepresentation of fact in this application, my resume, or any other materials, or during any interviews, can be justification of refusal of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Sargent harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Sargent.

I also agree to such examination by the City of Sargent designated physician as may be required, and agree, if employed, to abide by all regulations of the City of Sargent.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_