City of West Fork Job Application

Name		Date		
(Last)	(First)	(Middle)		
Mailing Address				
	where you may be reac a message may be left	hed for you		
If you are hired, can three (3) days?	-	of U.S. citizenship or legal work	status within	
past five (5) years). 1		t (including military service for a recent and work back. Attach ad fying experience.		
From		То		
Job Title		Annual Salary \$		
Firm Name		Address		
Reason for Leaving _				
Description of Work				
From		To		
Job Title		Annual Salary \$		
Firm Name		Address		
Reason for Leaving_				
Description of Work				

From			To			
Job Title			Annual	Annual Salary \$		
Firm Name			Address			
Reason for Leaving						
Description of Work						
Education:					_	
Did you graduate from Last grade completed.	C	•	no			
College, University, Trade, Business, Correspondence,	Dates of endance	Major areas of study	Semester Hours	Degrees Granted	Date Left or Graduated	
Can you perform the duYes If No, please explain: _	No					

List all licenses you he	old: (Drivers, Electricians, Etc.)	
Type	Number	Expiration Date
Type	Number	Expiration Date
Specify equipment or	office machines you operate:	
Are you related to any City:Yes		any person now in the employ of the
If yes, give person's n	ame, where employed, and rela	tionship to you:
Person to be notified i	n case of emergency:	
(Name)	(Address)	(Telephone)
	ldress of three (3) persons, othe racter, experience or ability:	r than relatives, who have
Name	Address	Occupation
	ditional experience and training you for the position you seek:	

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize any former employer to release to the city or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be valid as the original.

I understand that this appointment will be at the discretion of the department head concerned, subject to the approval of the chief administrative officer involved and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant:	
I,	, do hereby certify that by signing this employment
application, I am in compliar	nce with the Military Selective Service Act. (You have
registered with the services)	
	Applicant's Signature
	1 ipplicant 5 Signature