

# CITY OF OIL CITY APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Telephone Number ( \_\_\_\_\_ ) Social Security Number \_\_\_\_\_

If under the age of 18, do you have a work permit, or can one be obtained?  Yes  No

If you are presently employed, may we contact your employer?  Yes  No

Are you a veteran of the U.S. Military?  Yes  No

If yes, what branch? \_\_\_\_\_ Years of active service? \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last 7 years?  Yes  No  
(CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)

If yes, please explain \_\_\_\_\_  
(Use additional sheets, if necessary)

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.)

## PLACEMENT

Position applied for:

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Administrative  | <input type="checkbox"/> Public Works      | <input type="checkbox"/> Fire   |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Pool/Parks        | <input type="checkbox"/> Police |
| <input type="checkbox"/> Library         | <input type="checkbox"/> Police Dispatcher |                                 |

Date available \_\_\_\_\_

Hours desired: (CHECK ALL THAT APPLY)

- Full-Time  Part-Time  Summer  Other

## EMPLOYMENT HISTORY

LIST MOST RECENT EMPLOYER FIRST.

1. Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment \_\_\_\_\_ Ending Salary \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

(IF ADDITIONAL SPACE IS NEEDED, CONTINUE ON A SEPARATE PIECE OF PAPER.)

Can you travel if required?  Yes  No

Have you previously been employed by the City of Oil City?  Yes  No

If yes, give employment dates \_\_\_\_\_

**EDUCATION**

	Name & Address of School	Dates Attended	Course of Study	Graduated (YES/NO)	Degree
High School					
Business/ Trade School					
College					
Graduate or Other					

Summarize any special skills, abilities, or training you believe would be of value in your employment (computer experience, machine/equipment experience, CDL license, etc.).

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**REFERENCES**

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

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## 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 this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in this application or any subsequent interview (s) may result in the City of Oil City's refusal to hire me or in the immediate termination of my employment with the City of Oil City if this information is discovered after my hire. I understand also that I am required to abide by all rules and regulations established by the City of Oil City.

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

\_\_\_\_\_  
Date

**\*\*\* THE CITY OF OIL CITY IS AN EQUAL OPPORTUNITY \*\*\***  
**\*\*\* AND AN AFFIRMATIVE ACTION EMPLOYER \*\*\***