

APPLICATION FOR EMPLOYMENT

The City of Mason is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT.

Position(s) Applied for: _____

How did you hear about this position? Newspaper Career Builder Mason Today Indeed Other_____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone _____

Driver's License No. _____

Are you a relative by birth or marriage to any City of Mason elected official or full-time employee? Yes No

If Yes: _____
Name Relationship

Are you under 18 years of age? (If yes, attach work permit) Yes No
Are you currently working? Yes No
Are you on lay-off? Yes No
If yes, are you subject to recall? Yes No
Will you submit to a drug screening test? Yes No
Are you currently using illegal drugs? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No
(Proof of citizenship or immigration status may be requested upon employment)

Have you ever been fired? Yes No
If Yes, give date, where you worked and explanation: _____

Have you ever been convicted of a felony? Yes No
If Yes, completely describe including location and date: _____

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied? Yes No
(See attached job description)

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

EDUCATION

	High School	Vocational/Technical	College	Graduate
School Name, City/State				
Did you graduate? (If not, number of credit hours completed)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Degree/Certificate				
Major/Minor				

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates and extra curricular activities that pertain to the position(s) for which you are applying.

List professional, trade, business group memberships and offices held and volunteer work excluding groups the name and character of which indicate race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected class:

REFERENCES

(Do not include relatives or former employers):

Name Address Telephone

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States of America or in a State National Guard?

Yes No

If Yes, what branch? _____ Rank at discharge _____

Date of discharge _____ Were you honorably discharged? Yes No

NOTE: A dishonorable discharge from the military will not necessarily be a bar to employment.

EMPLOYMENT HISTORY– PRINT ADDITIONAL PAGES AS NEEDED

Employer	Dates		Work Performed
	From	To	
Address & Telephone			
Job Title			
Supervisor	Hourly Rate/Salary		
Reason(s) for Leaving	Start	Final	

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