

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____



FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BRANCH: _____ RANK AT DISCHARGE: _____

FROM: _____ TO: _____

TYPE OF DISCHARGE: _____

IF NOT HONORABLE, PLEASE EXPLAIN: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge and hereby authorize the review, full disclosure and release of all records concerning myself to any duty authorized agent of the City of Littlefield. I understand that any information obtained by the background investigation will be considered in determining my edibility for employment with the City of Littlefield.

I further certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

If an offer of employment is extended, I understand that I may be subject to a pre-employment physical examination and drug test.

I hereby understand and acknowledge that, unless otherwise by applicable law, any employment relationship with the City of Littlefield is of "at will" nature, which means that I may resign at any time or the City of Littlefield may discharge me at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of the City of Littlefield specifically acknowledges such changes in writing.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in disqualification from further consideration or, if hired, may result in termination of employment.

SIGNATURE _____ **DATE** _____

PRINT NAME _____



**City of Littlefield
Authorization to Release Information**

TO: _____

I hereby request and authorize you to furnish the City of Littlefield with any and all information they may request concerning my work record, educational history, military record, past or present. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with that agency.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above of from any subsequent use of such information in determining my qualifications.

Applicant's Signature: _____

Date: _____

Sworn and subscribed to before me on this the _____ date of _____, 202__.

Notary Public

Commission Expires