

Please return to:

HR Department

CITY OF CRETE APPLICATION FOR EMPLOYMENT

Date: _____

idered with othe	rs in competiti	on for the posi	•	
nfidential and us rete. Please fur encouraged to a us in evaluating y	ed only in conj rnish us with co ttach any addi	junction with yo omplete inform tional informati	our possible ation as outlined on or personal	
		Min. Salary: \$	Per	
Check One: Permanent Temporary	Part-Time □ Seasonal □	Date Available	:	
		•		
First Name	Middle Initial	Soc. Sec. # (La	ast 4 only)	
	City	State	Zip Code	
Home Telephone Number		Drivers License Number - State - Class		
ment in the USA?	Email address			
nergency Address		Telephone Nui	mber	
If so, please exp	lain			
ency, employee, oth	ier)			
ormer employers or	relatives)			
ormer employers or <u>Address</u>	relatives)	Telephone Nui	mber_	
	relatives)	Telephone Nui	<u>mber</u>	
	ation contained of idential and use the isolated and in the importance of the import	crete is an equal opportunity e ation contained in or connected of the state of the	Check One: Permanent □ Part-Time □ Temporary □ Seasonal □ First Name Middle Initial Soc. Sec. # (La XXX-XX-City State Drivers License Number - State - ment in the USA? Email address Telephone Number - State - mergency Address Telephone Number - State -	

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EDUCATIONAL INFORMATION

EDOCATIONAL	IIII OKIIIATIOII				
Circle Highest		Elementary	High School	College	Post Grad
Grade Completed	d	12345678	9 10 11 12	1234	1 2 MA PhD
Name and Address of last High School		Passed GED?			
			Yes	No	N/A
Type of	Name and Mailing	g Address	Number of		
School	of School		Credits	Degree	Major
College/					
University					
College/					
University					
Graduate					
School					
Technical/					
Trade					
Technical/					
Trade					
Other					
	RESPONDENCE C BIONS, ETC., THA				
OR CERTIFICAT	ES RELATING TO	POSITION.			
EMPLOYMENT	HISTORY				
	esent or last job an sheets if necessar		•	time , military, sur	nmer jobs, etc.
May we contact y	our present super	visor?	Yes	No	
Note: We may co	ontact any other pre	evious supervisors	to verify your job	descriptions.	
Starting Date	Ending Date	Name and Address of Employer			
Starting Salary	Ending Salary	Name, title and te	elephone number of	of immediate supe	ervisor
Reason for leaving	ng or wanting to lea	ave			
Description of du	ties and responsibi	ilities:			_
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Starting Date	Ending Date	Name and Address of Employer			
Starting Salary	Ending Salary	Name, title and telephone number of immediate supervisor			
Reason for leavi	ng or wanting to le	ave			
Description of du	ities and responsib	pilities:			
Otantin a Data	Fradina Data	Name and Address	of Francisco		
Starting Date	Ending Date	Name and Address	or Employer		
Starting Salary	Ending Salary	Name, title and telep	Name, title and telephone number of immediate supervisor		
Reason for leavi	ng or wanting to le	ave			
Description of du	uties and responsit	oilities:			
2 000					
MILITARY SERV					
Were you in the	US Armed Forces	? Y€	es	No	
If yes, which bra	nch?				
List relevant skill	s acquired during	military services:		Rank:	
Are you a memb	er of the National	Guard? Ye	es	No	
		orces Reserve Progran			No
If yes present co	mmitment to date:				
REFERENCE C	HECK DATA				
Is any additional to enable a chec	information relativ	re to change of name, onal record or previous	employment re		nick-name necessary

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CITY OF CRETE APPLICATION FOR EMPLOYMENT

EMPLOYEES HIRED ARE SUBJECT TO SATISFACTORY COMPLETION OF PROBATIONARY PERIOD AND EMPLOYMENT PHYSICAL (IF REQUIRED FOR POSITION) BEFORE OBTAINING PERMANENT STATUS.

IF OFFERED A JOB, I AGREE TO SUBMIT A FULL SET OF MY FINGERPRINTS, AUTHORIZE THE CITY OF CRETE TO FORWARD THE FINGERPRINTS FOR IDENTIFICATION, AUTHORIZE THE CITY OF CRETE TO CONDUCT A CRIMINAL RECORDS CHECK TO DETERMINE ANY CRIMINAL RECORD THAT I MAY HAVE AND TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION. I AGREE TO SIGN ANY AND ALL DOCUMENTS THAT MAY BE NECESSARY FOR SAID FINGERPRINT SUBMISSION AND/OR CRIMINAL RECORDS CHECK.

I HEREBY CERTIFY THAT ALL ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND I AGREE AND UNDERSTAND THAT ANY FALSE STATEMENTS CONTAINED IN THIS APPLICATION MAY CAUSE REJECTION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT.

UPON THE SIGNING OF THIS DOCUMENT, I AUTHORIZE THE CITY OF CRETE TO VERIFY ANY OF THE INFORMATION CONCERNING MY EMPLOYMENT, EDUCATION OR CREDIT HISTORY WITH THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES, AND I AUTHORIZE THEM TO RELEASE SUCH INFORMATION AS THE CITY MAY REQUIRE, INCLUDING MY PRIOR DISCIPLINARY EMPLOYMENT RECORD, WITHOUT ANY OBLIGATION TO GIVE ME WRITTEN NOTICE OF SUCH DISCLOSURE. I HEREBY RELEASE THE CITY OF CRETE AND THE APPROPRIATE INDIVIDUALS, COMPANIES, INSTITUTIONS OR AGENCIES FROM ANY LIABILITY WHATSOEVER AS A RESULT OF ANY SUCH INQUIRIES AND DISCLOSURES. I AGREE THAT ANY FALSE INFORMATION IN SUPPORT OF MY APPLICATION MAY SUBJECT ME TO DISCHARGE AT ANY TIME DURING THE PERIOD OF MY EMPLOYMENT. IF HIRED, I AGREE I WILL SERVE AT THE WILL OF THE CITY, AND I AGREE THAT I SHALL BE BOUND BY THE RULES, POLICIES, REGULATIONS AND TERMS AND CONDITIONS OF EMPLOYMENT OF THE CITY AS THEY ARE FROM TIME TO TIME CHANGED WITH OR WITHOUT NOTICE TO ME. I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME FOR ANY REASON.

Signature	Date		
	APPLICANT - DC	NOT WRITE ON THIS PAGE	
Application Received by:		Date:	
	For	Interviewer's Use	
Interviewer	Date	Comments	
	Re	ference Checks	
Reference Contacted		Result of Contact	

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