

# City of Tahoka

## APPLICATION FOR EMPLOYMENT

**PRINT OR TYPE**

Title of Job Applying for: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle

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

Mailing Address: \_\_\_\_\_ (if different than above)

Telephone No: \_\_\_\_\_  
(area code) Home number (area code) Business number

**Personal:**

Are you under 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

Social Security Number: \_\_\_\_\_

If you are hired for a position can you show proof of U.S.  
Citizenship?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a registered alien? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Have you ever been employed by the city of Tahoka? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date and department: \_\_\_\_\_

Date available for work: \_\_\_\_\_

Are you able to work: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Shift Work \_\_\_\_\_

Are there any restrictions to the hours you can work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you related to any employee of the City of Tahoka: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, whom: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IF SUBMITTING RESUME, PLEASE ALSO COMPLETE THE APPLICATION**  
**COMPLETE ALL ITEMS, IF NO APPLICABLE, INDICATE N/A**

Type of School	Name & Address	No of Years Attended	Grad Yes/No	Major	Degree
High School or GED (circle one)					
University					
Other					

**Military Service Record:**

Are you a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Special Training: \_\_\_\_\_ Rank: \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain in full: \_\_\_\_\_

\_\_\_\_\_

**Conviction record: A conviction record will not necessarily disqualify you from employment.  
Your case will be considered in relationship to the requirements of this position.**

Have you reviewed the job description for the position which you are applying: \_\_\_\_Yes \_\_\_\_No

If yes, do you have any physical, mental, or medical impairments that will impede your ability to satisfactorily perform the job applied for? \_\_\_\_\_Yes \_\_\_\_\_No If so, what type (s) of job accommodations will enable you to perform the job? \_\_\_\_\_

**EMPLOYMENT HISTORY: (start with the most recent)**

Employer Name:_____			
Employer Address:_____			
Address	City	State	Zip
Phone Number: _____		Job Title _____	
(area code)	phone #		
Reason for leaving:_____			
Explain Duties: _____		Employment Date:_____	
_____		From:_____	
_____		To:_____	
_____		May we contact this employer?	
_____		Yes_____ No _____	

Employer Name:_____			
Employer Address:_____			
Address	City	State	Zip
Phone Number: _____		Job Title: _____	
(area code)	phone #		
Reason for leaving:_____			
Explain Duties: _____		Employment Date:_____	
_____		From:_____	
_____		To:_____	
_____		May we contact this employer?	
_____		Yes_____ No _____	

Employer Name:_____			
Employer Address:_____			
Address	City	State	Zip
Phone Number: _____		Job Title: _____	
(area code)	phone #		
Reason for leaving:_____			
Explain Duties: _____		Employment Date:_____	
_____		From:_____	
_____		To:_____	
_____		May we contact this employer?	
_____		Yes_____ No _____	

Employer Name: _____				
Employer Address: _____				
Address	City	State	Zip	
Phone Number: _____		Job Title _____		
(area code)	phone #			
Reason for leaving: _____				
Explain Duties: _____		Employment Date: _____		
_____		From: _____		
_____		To: _____		
_____		May we contact this employer?		
_____		Yes _____ No _____		
_____				

Supplementary Training/Experience: List other training and experience

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Qualifications Summary: In detail, list qualifications and skills you possess

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**I certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize the right to investigate all statements contained in the application. In the event of employment, I understand that false statements on the application shall be grounds for dismissal. I also understand that by submitting this application, I am subject to a pre-employment physical examination, drug, and alcohol testing.**

<hr/> Applicant's Signature	<hr/> Date
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***AN EQUAL OPPORTUNITY EMPLOYER***  
***Qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, handicap, age, or veteran's status***