

Education

Circle highest level completed.

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

School	Location of School	Graduate	Credit Hours	Degree or Diploma	Major/Minor
High School or GED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate or Professional School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vocational/ Technical School or Other		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Military Service

Are you a veteran? Yes No Branch of service: _____

Skills and Certifications

Please list any skills, abilities, special certifications, licenses, special training you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

Please list computer knowledge and specific software skills.

Employment History

Record your complete work history in the spaces below (resume may be attached, however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets if necessary.

May we contact your present employer? Yes No

Employer: (Present or most recent)	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying.

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

I certify that all of the information provided by me on this application is accurate and complete. I understand that if I have knowingly misrepresented or falsified any of the application information, I may be disqualified for employment consideration or dismissed from employment with the City. I authorize my current and former employers to release any information regarding my employment along with any information regarding me, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I authorize educational institutions which I attended to reveal my scholastic rating, as well as degrees or certificates earned, to the City of Dunn. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the City receives from any employer or educational institution under a promise of confidentiality. I permit the City of Dunn to conduct a criminal and motor vehicle records investigation of my background. I understand that upon offer of employment from the City of Dunn, I will be tested for drug and alcohol use. I consent to the testing and understand that the results of such testing could preclude my employment with the City. I understand and acknowledge that should the City of Dunn employ me, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the City Manager.

Signature _____ Date _____