

Special Notice to Applicants With Disabilities

Voluntary Information

If you are a disabled person, **YOU ARE INVITED TO VOLUNTEER** information concerning any personal physical or mental disability. The purpose is to provide information concerning proper placement and appropriate accommodations to enable you to safely and effectively perform the job(s) for which you are applying. This information will be kept confidential.

FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT. If you desire, please state below any personal disability you may have, and your suggestions as to how it may be accommodated. This information needs to be disclosed at the time of application in order to make the necessary accommodations in a timely manner. It is the applicant's responsibility to make the above information known prior to any selection process beginning.

Applicant Name _____ Date _____

Position Applied For _____

Which of the following categories apply to you?

Visually Impaired

Mentally Impaired

Hearing Impaired

Speech Impaired

Orthopedic/Mobility Impaired

Seizure Disorder

Learning Disability

Other (Please Explain)

Comments and/or suggested accommodations: _____

VOLUNTARY COMPLETION BY APPLICANT - NOT FOR INTERVIEW PURPOSES
FILE SEPARATE FROM APPLICATION

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1 Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			

2 Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			

3 Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			

4 Employer	Telephone ()	Dates Employed From To	Work Performed
Address			
Job Title		Hourly Rate/Salary Starting Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications
 Acquired from employment or other experience _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name _____				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree _____				
Describe Course Of Study: _____				
Describe Specialized Training, Apprenticeship, Skills, And Extra-Curricular Activities _____				
Honors Received: _____				
State any additional information you feel may be helpful to us in considering your application.				

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for application for employment as may be necessary in arriving a tan employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

Signature of Applicant Date

For Personnel Department Use Only

Arrange Interview	Yes	No
Remarks _____		
	_____ Interviewer	_____ Date
Employed	Yes	No
Job Title _____	Date of Employment _____	Hourly Rate/Salary _____ Department _____
	By _____ Name and Title	_____ Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES: