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
Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application_________________

Position(s) Applied For____________________________________________________________

Referral Source: Advertisement Friend Relative Walk-In

Employment Agency Other___________________________

Name_________________________________________________________________________

Last    First    Middle

Address________________________________________________________________________

Mailing    City    State    Zip Code

Telephone(____)______________  Social Security Number________-_ ______-___________

If employed and you are under 18 can you furnish a work permit?  Yes  No

Have you filed an application here before? Yes  No  If Yes, give date_____________

Have you ever been employed here before? Yes  No  If Yes, give date_____________

Are you employed now? Yes  No  May we contact your present employer? Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes  No

(Proof of citizen or immigration status may be required upon employment)

On what date would you be available for work?_______________________________________

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes  No

Can you travel if a job requires it? Yes  No

Have you been convicted of a felony within the last 7 years? Yes  No

(Conviction will not necessarily disqualify applicant from employment)

If Yes, Please explain____________________________________________________________

_____________________________________________________________________________

AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H
Veteran of the U.S. Military service? Yes No If Yes, Branch_______

Indicate languages you speak, read, and/or write.

FLUENT GOOD FAIR

SPEAK

READ

WRITE

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin):________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Give name, address and telephone number of three references who are not related to you and are not previous employers

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals With Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed ___________________________________________
# 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.

<table>
<thead>
<tr>
<th>Employer</th>
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<th>Work Performed</th>
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<td>From To</td>
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**Address**

**Job Title**

**Hourly Rate/Salary**

**Starting**

**Final**

**Supervisor**

Reason for Leaving

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**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

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<tr>
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<tr>
<td>Years</td>
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<tr>
<td>Completed: (Circle) 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4</td>
</tr>
</tbody>
</table>

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 final 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  Date of Employment

Job Title__________________________________________  Hourly Rate/Salary  Department

By__________________________________________  Name and Title
Date
Applicant
Data Record

Applicants are considered for all positions, an employees are treated during employment without regard to race, color, religion, sex, national origin, age, martial or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date ____________________________

Position(s) Applied For _____________________________________________________________________________

Referral Source: Advertisement  Friend  Relative  Walk-In

Employment Agency  Other _________________________________________

(PLEASE PRINT)

Name ____________________________________________________________  Phone (_______)_______________

Last  First  Middle             Area Code

Address________________________________________________________________________________________

Number  Street  City  State  Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one:  Male  Female

Check one of the following:  White  Black  Hispanic

American Indian/Alaskan Native  Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Handicapped Individual
FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:  Yes  No

Position(s) Considered For: ______________________________________________________

______________________________________________________________________________

Date _____________________

NOTES: