

**ALLIANCE CIVIL SERVICE COMMISSION  
CITY OF ALLIANCE  
APPLICATION FOR EMPLOYMENT**

---

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITIN OR HANDICAP, SUBJECT TO ALL APPLICABLE STATE AND FEDERAL LAW.

---

**PLEASE PRINT**

DATE OF APPLICATION \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-in  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Other \_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State ZIP

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 citizenship or immigration status will 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

---

## 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 \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

4. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

5. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
Work Performed \_\_\_\_\_  
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:

---

---

Are you a Veteran of the U.S. Military Service?  Yes  No    If Yes, what branch? \_\_\_\_\_

List professional trade, business or civic activities and offices held. (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.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Special Employment notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to applicable sections of the Vietnam Era Veterans Readjustment Act of 1974 which required 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 accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize Or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

Handicapped Individual     Disabled Veteran     Vietnam Era Veteran

Signed: \_\_\_\_\_

