



## City of McCleary EMPLOYMENT APPLICATION Equal Opportunity

The City of McCleary is an equal opportunity employer. We hire, train, and promote without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, sexual orientation or handicap. The City of McCleary affirmatively seeks to employ and advance qualified Vietnam veterans and disabled veterans. Hiring, promotions, lay-off, discharge, rates-of-pay, training, and other employment activities will be consistent with this Equal Opportunity Statement.

**INSTRUCTIONS:** Please print or type all information. The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). If you need additional space to answer a question fully, you may use full sheets of paper that are the same size as this page. On each additional page, be sure to include your name and the position title. You may also attach copies of documents or certificates which support your application. All materials submitted become the property of the City of McCleary and will not be returned. Nothing can be added to your application after the announcement period has closed. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

LAST NAME	FIRST	M.I.	OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN		
ADDRESS (NO, STREET, APT.)		CITY	COUNTY	STATE	ZIP
TELEPHONE NO.	ALTERNATIVE NO. WHERE YOU MAY BE CONTACTED			SOCIAL SECURITY	
ARE YOU 18 YEARS OF AGE OR OLDER? (21 YEARS OF AGE FOR POLICE APPLICANTS)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	CURRENT VALID DRIVERS LICENSE	STATE _____
DO YOU HAVE A LEGAL RIGHT TO WORK IN THE UNITED STATES?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	NUMBER	_____
HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF McCLEARY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	EXPIRATION DATE	_____
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF McCLEARY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DO YOU AUTHORIZE THE CITY OF MCCLEARY TO INVESTIGATE YOUR DRIVING RECORD? YES <input type="checkbox"/> NO <input type="checkbox"/>	
JOB TITLE/DEPARTMENT		IF YES, AN ABSTRACT DRIVING RECORD FROM THE DEPT. OF LICENSING MAY BE REQUIRED.			
DATES EMPLOYED:		FROM _____	TO _____		
LIST ANY RELATIVES OR MEMBERS OF YOUR HOUSEHOLD WHO ARE EMPLOYED BY THE CITY OF McCLEARY					
NAME _____		JOB TITLE/DEPARTMENT _____			

**EDUCATION**

POSITION OR TYPE OF WORK FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE POSITION FOR WHICH YOU ARE APPLYING? \_\_\_\_\_

DO YOU WISH TO WORK:       FULL TIME       PART TIME       TEMPORARY       SUMMER

DATE AVAILABLE FOR WORK: \_\_\_\_\_

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT WITH US?

YES     NO    \_\_\_\_\_

SPECIFY COMMITMENT(S)

CIRCLE HIGHEST GRADE COMPLETED:    1   2   3   4   5   6   7   8   9   10   11   12

HIGH SCHOOL DIPLOMA       YES       NO      IF YES, DATE RECEIVED: \_\_\_\_\_

EQUIVALENCY – GED       YES       NO      IF YES, DATE RECEIVED: \_\_\_\_\_

NAME AND LOCATION OF LAST HIGH SCHOOL ATTENDED:

NAME: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

COLLEGES AND UNIVERSITIES ATTENDED:

NAME AND LOCATION	DATES ATTENDED		GRADE POINT AVERAGE	MAJOR/MINOR DEGREE FIELD OR PROGRAM OF STUDY	DEGREE RECEIVED
	FROM	TO			
	MO.	YR.			

LIST SPECIAL TRAINING (BUSINESS, TRADE, VOCATIONAL, ARMED FORCES SCHOOLS, ETC) BELOW

NAME AND LOCATION	DATES ATTENDED		TOTAL MONTHS COMPLETED	COURSES OR SUBJECTS TAKEN	CERTIFICATES OR OTHER PERTINENT INFORMATION
	FROM	TO			
	MO.	YR.			

**PREVIOUS JOB EXPERIENCE**

LIST ALL JOBS HELD IN THE LAST 10 YEARS. START WITH YOUR PRESENT OR MOST RECENT ONE AND WORK BACK.

MAY WE CONTACT YOUR PRESENT EMPLOYER REGARDING YOUR RECORD OF EMPLOYMENT?

YES  NO

(JOB 1) PRESENT OR MOST RECENT JOB				EMPLOYER
FROM	TO	TOTAL TIME		ADDRESS
MO/YR	MO/YR	YEARS	MONTHS	TELEPHONE NUMBER
				YOUR JOB TITLE
REASON FOR LEAVING:				SUPERVISOR'S NAME & TITLE
SPECIFIC DUTIES:				
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)				

(JOB 2) PREVIOUS JOB				EMPLOYER
FROM	TO	TOTAL TIME		ADDRESS
MO/YR	MO/YR	YEARS	MONTHS	TELEPHONE NUMBER
				YOUR JOB TITLE
REASON FOR LEAVING				SUPERVISOR'S NAME & TITLE
SPECIFIC DUTIES:				
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)				

(JOB 3) PREVIOUS JOB				EMPLOYER
FROM	TO	TOTAL TIME		ADDRESS
MO/YR	MO/YR	YEARS	MONTHS	TELEPHONE NUMBER
				YOUR JOB TITLE
REASON FOR LEAVING				SUPERVISOR'S NAME & TITLE
SPECIFIC DUTIES:				
NUMBER OF EMPLOYEES SUPERVISED (IF APPLICABLE)				

**SPECIAL SKILLS – OFFICE**

COMPUTER SKILLS:	<input type="checkbox"/> NONE	<input type="checkbox"/> BEGINNER	<input type="checkbox"/> CAPABLE	<input type="checkbox"/> ADVANCED
PROGRAMS YOU ARE PROFICIENT WITH:	<input type="checkbox"/> WINDOWS	<input type="checkbox"/> WORD	<input type="checkbox"/> EXCEL	<input type="checkbox"/> POWER POINT
	<input type="checkbox"/> PUBLISHER	<input type="checkbox"/> VISIO	<input type="checkbox"/> ACROBAT	
	<input type="checkbox"/> OTHER _____			
GENERALLY DESCRIBE YOUR COMPUTER SKILLS: _____				
BUSINESS MACHINES (OTHER THAN COMPUTERS) YOU CAN OPERATE: _____				
OTHER OFFICE SKILLS: _____				

**SPECIAL SKILLS – FIELD**

LIST LIGHT AND/OR HEAVY EQUIPMENT YOU ARE QUALIFIED TO OPERATE: \_\_\_\_\_

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LEVEL OF SKILL: \_\_\_\_\_

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YEARS OF OPERATING EXPERIENCE: \_\_\_\_\_

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OTHER SKILLS: \_\_\_\_\_

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**MILITARY SERVICE**

DATES OF U. S. MILITARY SERVICE				BRANCH OF SERVICE	RANK AT SEPARATION
FROM		TO			
MO	YR	MO	YR	CLAIMING VETERAN PREFERENCE OR DISABLED, ATTACH A COPY OF YOUR DD-214 AND/OR YOUR DISABILITY LETTER	POINTS CLAIMED

LIST ANY SPECIALIZED TRAINING IN THE MILITARY:

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OPTIONAL: LIST ANY MEDALS, COMMENDATIONS, OR AWARDS RECEIVED IN THE MILITARY:

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**TESTING**

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT PHYSICAL EXAMINATION?  YES  NO

IF OFFERED A JOB, ARE YOU WILLING TO UNDERGO A PRE-EMPLOYMENT DRUG SCREENING TEST?  YES  NO

CAN YOU PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE JOB YOU HAVE APPLIED FOR?  YES  NO

**REFERENCES**

A background check may be completed prior to hire.

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LIST NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT YOUR RELATIVE NOR EMPLOYEES OF THE CITY OF MCCLEARY:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

NAME \_\_\_\_\_

**IMPORTANT:** READ EACH SECTION BELOW CAREFULLY AND COMPLETELY. IF YOU DO NOT UNDERSTAND ANY PORTION OF THE STATEMENTS BELOW, ASK FOR CLARIFICATION. YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND EACH OF THE PROVISIONS LISTED AND THAT YOU AGREE TO ABIDE BY THE CONDITIONS STATED THEREIN.

**NOTICE TO PERSONS WITH DISABILITIES:** TESTING ARRANGEMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES WILL BE MADE UPON REQUEST OF THE APPLICANT. IF ACCOMMODATION IS REQUESTED, THE APPLICANT WILL BE REQUIRED TO STATE WHAT ACCOMMODATION IS NEEDED.

**HOW TO APPLY:** APPLICATIONS FOR EMPLOYMENT SHOULD BE SUBMITTED ON OFFICIAL APPLICATION FORMS TO THE CITY OF McCLEARY AT THE ADDRESS SHOWN ON PAGE 1 OF THIS APPLICATION FORM. SUBMIT ONE APPLICATION FOR EACH POSITION. IT IS YOUR RESPONSIBILITY TO KEEP YOUR APPLICATION UP TO DATE. AN APPLICATION MAY BE REJECTED WHICH IS RECEIVED UNSIGNED, INCOMPLETE, OR AFTER THE CLOSING DATE SPECIFIED ON THE JOB ANNOUNCEMENT.

**EXAMINATION PROCEDURE:** YOU WILL BE NOTIFIED WITHIN FOUR WEEKS OF THE CLOSING DATE OF THE JOB ANNOUNCEMENT REGARDING ANY TESTING PROCEDURES WHICH MAY BE INVOLVED IN THE HIRING PROCESS. ANY PART OF THE ANNOUNCED EXAMINATION MAY BE ELIMINATED IF THERE IS AN INSUFFICIENT NUMBER OF APPLICANTS TO JUSTIFY GIVING THE COMPLETE EXAMINATION.

**PRE-EMPLOYMENT MEDICAL EXAMINATION:** APPLICANTS SELECTED FOR EMPLOYMENT MAY BE REQUIRED TO PASS A MEDICAL EXAMINATION GIVEN BY A PHYSICIAN DESIGNATED BY THE CITY OF McCLEARY.

**PAY PLAN:** NEW EMPLOYEES ORDINARILY START AT THE MINIMUM RATE IN THE SALARY RANGE.

**PROBATIONARY PERIOD:** EMPLOYEES SERVE A PROBATIONARY PERIOD AS DETERMINED BY CITY POLICY OR BY ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT. TERMINATION OF EMPLOYMENT DURING THE PROBATIONARY PERIOD MAY BE WITH OR WITHOUT CAUSE AND IS NOT SUBJECT TO ANY APPEAL PROCESS NOR THE GRIEVANCE PROCEDURE OF ANY APPLICABLE COLLECTIVE BARGAINING AGREEMENT.

**DRUG POLICY:** IT IS THE POLICY OF THE CITY OF McCLEARY TO MAINTAIN A DRUG FREE WORKPLACE. EMPLOYEES WHO ARE OBSERVED IN POSSESSION OF OR USING CONTROLLED SUBSTANCES (DRUGS) WILL BE TERMINATED AND MAY HAVE CRIMINAL ACTIONS FILED AGAINST THEM. EMPLOYEES IN CERTAIN POSITIONS ARE SUBJECT TO FEDERAL LAWS REQUIRING PRE-EMPLOYMENT, POST-ACCIDENT, AND RANDOM DRUG TESTING.

**AGREEMENT:** I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION ON THIS APPLICATION IS GROUNDS FOR REFUSAL TO HIRE, OR IF HIRED, IS GROUND FOR TERMINATION. I AUTHORIZE ANY OF THE PERSONS OR ORGANIZATIONS REFERENCED IN THIS APPLICATION TO GIVE THE CITY OF McCLEARY ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, EDUCATION, OR ANY OTHER INFORMATION THEY MIGHT HAVE, PERSONAL OR OTHERWISE, WITH REGARD TO ANY OF THE SUBJECTS COVERED BY THIS APPLICATION. I AUTHORIZE THE CITY OF McCLEARY TO REQUEST AND RECEIVE SUCH INFORMATION.

I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED AT ANY TIME FOR ANY REASON THAT IS NOT VIOLATIVE OF LAW, AT THE DISCRETION OF EITHER THE CITY OF McCLEARY OR MYSELF. I UNDERSTAND THAT NO MANAGEMENT OFFICIAL OTHER THAN THE CHIEF EXECUTIVE OFFICER HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT CONTRARY TO THE FOREGOING OR MAKE ANY ORAL ASSURANCE OR PROMISE OF CONTINUED EMPLOYMENT.

I AGREE TO COMPLY WITH THE CITY OF McCLEARY RULES, REGULATIONS AND POLICIES, AND ACKNOWLEDGE THAT THESE RULES, REGULATIONS AND POLICIES MAY BE CHANGED, INTERPRETED, WITHDRAWN, OR SUPPLEMENTED ANY TIME, AND WITHOUT PRIOR NOTICE TO ME.

I UNDERSTAND THAT THIS APPLICATION AND ANY OTHER DOCUMENTS WHICH I MAY RECEIVE ARE NOT CONTRACTS OF EMPLOYMENT.

**RELEASE:** I HEREBY RELEASE AND HOLD HARMLESS ANY PERSON, CORPORATION, COMPANY OR OTHER ENTITY FROM ANY AND ALL POSSIBLE DAMAGES, DIRECT OR CONSEQUENTIAL, IMMEDIATE OR REMOTE, OF ALL FORMS OR TYPES, THAT I MAY SUSTAIN OR ALLEGE TO SUSTAIN BY VIRTUE OF THAT PERSON, CORPORATION, COMPANY OR OTHER ENTITY COMPLYING WITH MY REQUEST TO FULLY AND COMPLETELY COMPLY WITH THE INVESTIGATION, INQUIRY OR INTERESTS OF THE CITY OF McCLEARY, TO WHOM I HAVE MADE AN APPLICATION OF EMPLOYMENT AND IS THE BEARER OF THIS AUTHORIZATION.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_