



CITY OF MASON

Employment Application

The City of Mason is an equal opportunity employer and shall consider all qualified applicants for all positions without regard to race, color, sex, religion, national origin, age, height, weight, marital status, veteran status, handicap, or any other protected category.

YOU MUST ANSWER ALL QUESTIONS COMPLETELY. FAILURE TO DO SO WILL RESULT IN REJECTION OF YOUR APPLICATION AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT. PLEASE ATTACH A RESUME AND COVER LETTER.

Applicant Information

Full Name: _____ Date: _____

Last First M.I.

Address: _____

Street City State Zip Code

Phone: _____ Email: _____

Driver's License No: _____ Social Security No: _____

Position(s) Applied for: _____

Date Available: _____ Desired Salary: \$ _____

How did you hear about this position? Newspaper Career Builder Mason Today Indeed Other: _____

Are you related to any City of Mason elected official or full-time employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Name: _____ Relationship: _____
Are you under 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(If yes, attach work permit)
Are you on lay-off?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, are you subject to return? _____
Will you submit to a drug screening test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you currently using illegal drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been fired?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date, where you worked and explanation: _____ _____
Have you ever worked for the City of Mason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, When? _____

	YES	NO	If yes, Explain: _____
Have you ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness, and nature of violation and rehabilitation will be considered.

Are you capable of performing with or without reasonable accommodation (Special assistance, equipment or other help), the activities involved in the job or occupation for which you have applied?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently reside in Mason?	YES	NO	If yes, how long do you plan to reside in Mason? _____
	<input type="checkbox"/>	<input type="checkbox"/>	

(Fire Only) Would you be able to respond to City of Mason emergencies during your work hours at your current employer?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

Describe how you would perform the job functions involved in the job or occupation for which you have applied.

Education

	Name	Address	Dates Attended	Did you graduate?	Degree/Certificate
High School:				YES NO <input type="checkbox"/> <input type="checkbox"/>	
Vocational/ Technical/				YES NO <input type="checkbox"/> <input type="checkbox"/>	
College				YES NO <input type="checkbox"/> <input type="checkbox"/>	
Graduate				YES NO <input type="checkbox"/> <input type="checkbox"/>	
Fire/Police Academy				YES NO <input type="checkbox"/> <input type="checkbox"/>	

Describe any specialized training, apprenticeships, internships, skills, licenses, certificates, and extra-curricular activities that pertain to the position(s) for which you are applying.

References

Please list three professional references. Do not include relatives or former employers:

Full Name: _____ Relationship: _____

Company/Title: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company/Title: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company/Title: _____ Phone: _____

Address: _____

Previous Employer

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ to _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ to _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____