



City of Mason

Employment Application

Position You Are Applying For: _____ Date: _____

Hourly Wage/ Salary Expected: _____

Full Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Social Security Number: _____

Driver's License Number: _____

State Issued by: _____ Expiration Date: _____

If necessary, the best time to call you at home is: _____

May we contact you at work? **YES NO**

If yes, the best time to contact you at work is: _____

Your work number is: _____

Have you filled an application here before? **YES NO**

If yes, give date(s): _____

Have you been employed here before? **YES NO**

If yes, give dates: _____



Are you at least 18 years of age? **YES NO**

Are you legally eligible for employment in this country? **YES NO**

Have you ever been convicted of a criminal offense other than minor traffic violations? **YES NO**

If yes, indicate date(s) and type of offense(s): _____

Date available for work: _____

Type of employment desired: **Full Time Part-time Temporary/ Seasonal**

Are you on a lay-off and subject to recall? **YES NO**

Is there anything to prevent you from working the number of hours per week required by the positions for which you are applying? **YES NO**

Will you work overtime if required? **YES NO**

Are you related to any current employee or elected official of the City of Mason? **YES NO**

If yes, please indicate name and relationship: _____

EDUCATIONAL BACKGROUND

Circle the Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College

Did you graduate High School **YES NO**

Achieve GED **YES NO**

High School, College or Trade School Name & Address	Number of Years completed	Degree or Diploma	Major	Minor



List any foreign language(s) and check the best describes your skill level.

Language	Read & Write	Read & Speak	Read Only	Speak Only

Skills & Qualifications

(summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City of Mason)

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

(Exclude groups which indicate race, color, religion, sex or national origin.)

PROFESSIONAL CERTIFICATES & LICENSE

List any professional certifications or licenses you hold:



EMPLOYMENT HISTORY

List your last four (4) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section.

1. Employer: _____ Phone Number: _____

Address: _____

Job Title: _____ Immediate Supervisor: _____

Reason for Leaving: _____

Start date & Salary: _____ End Date & Salary: _____

May we contact for a reference? **YES NO**

Summarize nature of work:

2. Employer: _____ Phone Number: _____

Address: _____

Job Title: _____

Immediate Supervisor and Title: _____

Reason for Leaving: _____

Start date & Salary: _____ End Date & Salary: _____

May we contact for a reference? **YES NO**

Summarize nature of work:



3. Employer: _____ Phone Number: _____

Address: _____

Job Title: _____

Immediate Supervisor and Title: _____

Reason for Leaving: _____

Start date & Salary: _____ End Date & Salary: _____

May we contact for a reference? **YES NO**

Summarize nature of work:

4. Employer: _____ Phone Number: _____

Address: _____

Job Title: _____

Immediate Supervisor and Title: _____

Reason for Leaving: _____

Start date & Salary: _____ End Date & Salary: _____

May we contact for a reference? **YES NO**

Summarize nature of work:



Comments

(Including explanations of any gaps in employment)

Skills & Qualifications

(summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with the City of Mason)

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

(Exclude groups which indicate race, color, religion, sex or national origin.)

PROFESSIONAL CERTIFICATES & LICENSE

List any professional certifications or licenses you hold:



REFERENCES

List the name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN

ADDITIONAL INFORMATION

To give us a better understanding of your skills and abilities, please list any special accomplishments, publications, awards, experiences, or qualifications that have not been previously mentioned in this application.

(Answers to this question are optional.)



CERTIFICATION AND AGREEMENT

I certify that the information in the application is true and correct to the best of my knowledge and I understand that any false statement or omission on this application will be grounds for rejection of my application, or if employed, my dismissal. I further understand that The City of Mason is an at-will employer and that this application document is not a contract of employment.

I consent and authorize The City of Mason to conduct an investigation, including, but not limited to, verification of employment-related information. I authorize my former employers, schools and business reference to provide any information they have regarding me and release them from any and all liability resulting from the release of such information to The City of Mason. I understand that the information provided in this application will be used solely for determining my eligibility for employment.

I understand that, in accordance with The City of Mason’s Drug-Free Workplace Policy, all applicants being considered for employment must satisfactorily pass a urine test for the purpose of determining the presence of illegal drug or alcohol abuse.

I understand that, if an offer of employment is made, I must provide documentation evidencing my eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I also understand and agree that if employed by The City of Mason, I will be an employee-at-will. As such: (1) either The City of Mason or I may terminate the employment relationship at any time, with or without cause; and (2) there is no agreement expressed or implied between The City and myself for any specific period of employment or for continuing or long-term employment. I understand that if hired, my at-will-employment with The City may be modified by a separate written document signed by The City Administrator and myself.

I consent and authorize The City of Mason to solicit information about my background, including, but not limited to, information about my driving record, criminal record, and general public record history. I understand that I am entitled to be advised of the nature and scope of the investigation required within a reasonable time after I ask for this information in writing. I release The City of Mason, its respective employees and agents, and all person, agencies, and entities providing information or reports about me from any and all liabilities arising out of the release of such information and reports.

I agree that if terminated from employment, I will participate in mediation before seeking litigation for any civil claims under the law.

I further agree that, in the event civil litigation is pursued, I will wave my right to a jury trial.

If employment is obtained under this application, I will comply with all policies and regulations of The City of Mason. I agree to be responsible for city property and equipment issued to me by the City until returned by me and to pay for property and equipment not returned. I agree to submit to drug/alcohol tests (random or otherwise) and additional background checks (criminal, credit and motor vehicle), if required be the city.

Applicant’s Signature: _____ Date: _____



PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGMENT FORM

As required by The City of Mason policy, certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the City to collect a urine or other specimen as cited in the City Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the City and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substance, I will no longer be considered for employment with the City. Any further consideration for employment will be in accordance with the terms and conditions in the City Substance Abuse Policy.

The results of the test will be reported by the testing laboratory to the City of Mason human resource department for record-keeping purposes. These results will not be released to any additional parties without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Social Security Number: _____

Driver's License Number: _____

Applicant's Signature: _____