



## Employment Application

An Equal Opportunity Employer

<b>Personal Information</b>			Save a copy to your computer before emailing
Last Name	First Name	M.I.	
Street Address		Apartment/Unit #	
City	State	Zip	
Home Phone		Cell Phone	
Email Address		Valid Driver License Number	
Do you have a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date:			
CDL Endorsements: <input type="checkbox"/> Air Brakes <input type="checkbox"/> Combination (A) <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Tankers <input type="checkbox"/> Passengers			
Are you legally eligible to be employed in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been a member of the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of years served:			
Branch:		Duty/Specialized Training:	
Have you ever worked for the City of Westlake? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Do you have any relatives/friends who work for the City of Westlake? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">If yes, name and relationship:</span>			
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>Position Interest</b>	
Position Applying for	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Date Available
Salary Desired	If necessary for the position, are you able to work overtime and/or varied shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No
State why you believe you are qualified for this position	
What prompted you to seek employment with the City of Westlake?	
Are you able to perform the essential functions of the position with or without accommodations? <input type="checkbox"/> With <input type="checkbox"/> Without	
Please list the business equipment you can operate related to the type of employment you are seeking	
<b>For Office Use Only</b> Forward to:	

Employment History (begin with the most recent)				
Employer Name & Address	Position	Start / End Dates	Salary	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		
		From		
		To		

Education Information				
	Name & Address	Years Attended	Subjects Studied/Degree	Did you graduate?
Elementary School				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trades/Business/ Correspondence				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any distinctive courses, seminars and/or training that you have completed that would enable you to perform the position for which you are applying				
Please list academic honors, extracurricular activities, offices held, etc. in high school or college				

Professional References Please list three references who are not relatives or employees	
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation

I authorize investigation of all statements contained in this application. I understand that any misrepresentation, or omission of facts called for, is reason for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date