The City of Alliance

Application for Employment The City of Alliance is an Equal Opportunity Employer and provider of ADA services.

POSITION:		DEPARTMENT	:	
Please submit one application per position to the address indicated on the job posting. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring department. Please be sure to complete the entire application. Also note that once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.				
NAME: (Last, First, Middle)	1 22,10		F BIRTH – Year Not Required	
			·	
		Month	Day	
ADDRESS: (Street, City, State, ZIP C	code)			
HOME PHONE:	ALTERNATE PHONE:	F-MAII	ADDRESS:	
DRIVER'S LICENSE:		LEGAL RIGHT TO	WORK IN THE U.S.:	
YesNoCDL	CLASS	Yes	No	
		PREFERENCES		
PREFERRED SALARY:		ARE YO	U WILLING TO RELOCATE?	
		Yes	No	
WHAT TYPE OF JOB ARE YOU LOOK	(ING FOR?			
Regular Temp	oorary/Seasonal	Full-Time	Part-Time	Contract
SHIFTS YOU WILL ACCEPT:				
SHIFTS TOO WILL ACCEPT.				
Day Afternoon	Night	Rotating	Weekends	On Call (as needed)
		EDUCATION		
HIGH SCHOOL NAME:	LOCATION: (C		DID YOU GRADUATE:	
			YesNo)
CHECK YEAR COMPLETED:			OBTAINED GED?	
910111	2		YesNo)

EDUCATION (CONTINUED)				
SCHOOL NAME: (College/University)		LOCATION: (City, State)		
CHECK YEAR COMPLETED:	DID YOU GRADUATE?	MAJOR:		
123456	YesNo			
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:		
SCHOOL NAME: (College/University)		LOCATION: (City, State)		
CHECK YEAR COMPLETED:	DID YOU GRADUATE?	MAJOR:		
123456	YesNo			
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:		
EMPLOYMENT HISTORY Please list your work experience beginning with your most recent employment. Military experience may also be included as employment. NOTE: To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section. If you need additional space, attach extra sheets to this application.				
DATES: From: To:	EMPLOYER:	POSITION TITLE:		
FI0III. 10.				
ADDRESS: (Street, City, ZIP Code)				
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:		
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER:		
		YesNo		
DUTIES:				
REASON FOR LEAVING:				

	EMPLOYMENT HISTORY (CONTIN	
DATES:	EMPLOYER:	POSITION TITLE:
From: To:		
From: To:		
ADDRESS: (Street, City, ZIP Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER:
		YesNo
DUTIES:		
REASON FOR LEAVING:		
DATES:	EMPLOYER:	POSITION TITLE:
From: To:		
ADDRESS: (Street, City, ZIP Code)		
ADDRESS. (Street, City, Zir Code)		
COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER:
HOORS FER WEEK.	SALANT.	MAT WE CONTACT THIS EMPLOTER.
		YesNo
DUTIES:		
REASON FOR LEAVING:		

	CERTIFICATES AND LICENSES	
TYPE:		
LICENSE NUMBER:	ISSUING AGENCY:	
ТҮРЕ		
LICENSE NUMBER:	ISSUING AGENCY:	
	SKILLS	
OFFICE SKILLS:		
COMPUTER SKILLS:		
OTHER SKILLS:		
LANGUAGE(S):		

The purpose of questions 1-8 is to obtain information relevant to employment with the City of Alliance. **Responses to these questions are required.**

- 1. Please indicate your county of residence.
- 2. Summary of Qualifications In the area below, briefly describe the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position. If you need additional space, attach an extra sheet to this application.
- 3. In the last 24 months have you participated in any volunteer activities? Please provide details.
- 4. Are you a current City of Alliance employee?
 - _____ Yes, I'm a permanent employee
 - _____ Yes, I'm a part time employee
 - _____Yes, I'm a temporary, seasonal or project employee
 - ___ No, I'm not a City of Alliance employee
- 5. If you are not a current City of Alliance employee, have you ever been employed by the City of Alliance? (If you are a current City of Alliance employee, please select N/A.)
 - _____Yes _____No _____N/A
- 6. How did you learn about this employment opportunity?

_____ Indeed.com

Facebook

City of Alliance Employee Referral

_____ Twitter

_____ Other Job Board

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Administration Office, Human Resources, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____

CITY OF ALLIANCE EQUAL EMPLOYMENT OPPORTUNITY

information is VOLU	INTARY and will in no way affect	uestions are included to assist our equal employment opportunity efforts. Providing this t the processing of your application or your being considered for employment. Human fidential questions separately. Responses will be used for statistical purposes only.
Position Applied for	:	Date:
Department:		
1. OPTIONAL: Genc	ler	
Ma	le Female	
2. OPTIONAL: Pleas	e select your age group.	
Un	der 18	40-54
18-	-25	55-69
26-	-39	70+
3. OPTIONAL: Race	/Ethnicity	
WH	IITE: All persons having origins i	in any of the original peoples of Europe, North Africa or the Middle East.
BLA	CK or AFRICAN AMERICAN: All	persons having origins in any of the Black racial groups of Africa.
HIS regardless		of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin,
	IAN: All persons having origins i China, India, Japan and Korea).	in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for
	TIVE HAWAIIAN or PACIFIC ISLA ands (for example, Hawaii, Philip	ANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and opine Islands and Samoa).
		ATIVE: All persons having origins in any of the original peoples of North America and who ribal affiliation or community recognition.
OTH	HER: Please self define.	
4. OPTIONAL: Are y	ou an individual with a physical	or mental impairment which substantially limits one or more of your major life activities?
Yes	s No	
5. OPTIONAL: Have	you ever served in the U.S. milit	tary or uniformed services?
Yes	s No	

6. OPTIONAL: If you answered "yes" to the previous question, please indicate if one or more of the following apply:

_____ DISABLED VETERAN: A person who has a current service-connected disability as determined by the U.S. Department of Veterans Affairs.

_____ POST 9-11 ERA VETERAN: A person who served in the military or uniformed services for any period after September 11, 2001.

_____ GULF WAR ERA VETERAN: A person who served in the military or uniformed services for any period between August 2, 1990 and September 10, 2001.

_____ COLD WAR/PEACETIME ERA VETERAN: A person who served in the military or uniformed services for any period between May 8, 1975 and August 1, 1990.

_____ VIETNAM ERA VETERAN: A person who served in the military or uniformed services for any period between August 5, 1964 and May 7, 1975.