
5. PERSONAL HEALTH.

If offered a position with the City of Wendover, your employment may be conditioned upon the results of a medical examination, drug test, and/or job-related physical ability tests.

6. PRIOR EVENTS.

Have you earned any pension or retirement credits, other than Social Security, in any prior employment? Yes No
Have you ever worked for this agency before? Yes No
Do you have any friends or relatives working for Wendover City? Yes No
Do you authorize us to contact your previous employer(s) for references? Yes No
Have you ever been terminated by a previous employer (s) Yes No
Have you ever been convicted of a felony? Yes No
What are your hobbies or interests? _____

7. EDUCATION AND TRAINING.

High School

Name of last High School attended: _____
Address of last High School attended: _____
Date last attended: _____
Please circle highest year completed K 1 2 3 4 5 6 7 8 9 10 11 12
Did you Graduate? Yes No
What was your grade point average? _____

College or University.

Name of last College or University attended: _____
Address of last College or University attended: _____
Date last attended: _____
What was your major? _____
Did you graduate? Yes No
What was your grade point average? _____
Please circle the highest year of education that you have completed: 13,14,15,16,17,18,19,20
What degree did you receive? Bachelors Masters Doctorate

Other Schools (Trade, Correspondence, etc.).

Name of School attended: _____
Address of School attended: _____
Date last attended: _____
What was your major? _____
Did you graduate? Yes No
What degree did you receive? _____

8. EMPLOYMENT HISTORY.

Present Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
Dates of Employment, From: _____ To: _____
Main Duties: _____
Wages or Salary, Starting: _____ Ending: _____
Reason(s) for Leaving: _____

Previous Employer: _____ Supervisor: _____
Address: _____ Phone # _____
Dates of Employment. From: _____ To: _____
Main Duties: _____
Wages or Salary, Starting: _____ Ending: _____
Reason(s) for Leaving: _____

Next Previous Employer: _____ Supervisor _____
Address: _____ Phone # _____
Dates of Employment From: _____ To: _____
Main Duties: _____
Wages or Salary, Starting: _____ Ending: _____
Reason(s) for Leaving: _____

9. CERTIFICATE OF APPLICATION.

All information on this form is true and correct to the best of my knowledge. I understand that any omission or misrepresentation of information, may cause my application to be rejected or, if I am hired, may cause my employment to be terminated. I authorize any employer accepting this application and any person, organization, former employer, or other entity listed in this application to ask or answer any and all questions about me and I agree not to sue and to hold harmless any person or entity that provides information or expresses an opinion about me or my performance. I understand that this document is an application for employment and not an offer to employ me. I understand that if I am employed, my employer may terminate me at any time without reason or explanation. If hired, I agree to protect the confidentiality of any confidential information I obtain as a consequence of my employment. If hired, I agree that the value of any advance payment, property issued to me, or other debt I owe my employer shall be due upon termination of my employment and may be deducted from wages or other payments owed to me at the time of my termination of employment.

Signature of Applicant

Printed Name of Applicant

Date