

CITY OF OXFORD

APPLICATION FOR EMPLOYMENT



Please complete this application in its entirety.

Incomplete applications will not be accepted. In addition to a completed application, you may also attach a resume reflecting your work history. Your qualifications for this position will be evaluated against the information you provide on this application and from any supplemental questionnaire that may be required. Please advise Human Resources if you change your address and/or phone number.

Name _____
Last First Middle

Current Address _____
Street - City - State - Zip

Home Phone No _____ Cell Phone No _____

Best contact time [] _____ a.m. [] _____ p.m. Other _____

Are you at least 18 years of age? _____

Have you been convicted of a crime other than a traffic violation? _____ If yes, please explain _____

Are there any pending charges? _____ Explain _____

~ Conviction of a crime does not necessarily exclude applicant from employment ~

Are you legally eligible for employment in this country? _____ (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work _____

Are you available for (check all that apply) [] Full-Time employment [] Part-time [] Temporary

Are you available to work overtime, if required? _____ Are you able to be on-call, if required? _____

Are you willing to undergo a pre-employment drug screen? _____ Are you bondable? _____

Do you have a valid Driver's License? _____ Number and State _____

Position for which you are applying _____

What special skills and qualifications do you possess which might qualify you for the position for which you are applying?

Have you previously been employed by the City of Oxford? _____ If yes, give dates _____

WORK HISTORY

Using a separate section for each position, detail all work experiences beginning with your present or most recent job and work back at least seven (7) years. Include periods of unemployment, self-employment, military service, internships, and part-time positions. Use additional sheets, if necessary.

Current or last employer		Address	
Job Title	Supervisor's name	Telephone number	
Start date	Starting salary \$ _____ per	Ending salary, if applicable \$ _____ per	May we contact your current employer?
End date, if applicable	Major duties/responsibilities		
Full-time (years/months)			
Part-time (years/months)			
If part-time, number of hours worked per week	Reason for leaving, if applicable		

Employer		Address	
Job Title	Supervisor's name	Telephone number	
Start date	Starting salary \$ _____ per	Ending salary \$ _____ per	
End date	Major duties/responsibilities		
Full-time (years/months)			
Part-time (years/months)			
If part-time, number of hours worked per week	Reason for leaving		

Employer		Address	
Job Title	Supervisor's name	Telephone number	
Start date	Starting salary \$ _____ per	Ending salary \$ _____ per	
End date	Major duties/responsibilities		
Full-time (years/months)			
Part-time (years/months)			
If part-time, number of hours worked per week	Reason for leaving		

EDUCATION

Circle highest level of education completed

8 9 10 11 12 GED

College 1 2 3 4

Graduate school 1 2 3 4

School	Location	Grad?	GED or Diploma	Type of Degree
High School		Yes No		
College or University		Yes No		
Graduate or Professional School		Yes No		
Vocational or Technical School		Yes No		

REFERENCES

We will contact your former supervisors for references. If you wish to list additional references, please do so below:

Name and occupation	Address	Telephone number

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

The Civil Rights Act of 1964 prohibits discrimination of employment based on race, color, creed, religion, sex, or natural origin. Federal Law prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

I certify that all statements made on this application and any supplemental materials submitted with this application are true and correct. I give the City of Oxford the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City and its representatives for seeking such information and all other persons, corporations, and organizations for furnishing such information. I acknowledge that any false statement or misrepresentation on this application or on supplemental material submitted with this application will be cause for refusal to hire or for immediate dismissal at any time during the period of employment. I understand that if I am a finalist for this position, I will be required to submit proof of U.S. citizenship or the legal right to work in the United States.

The City of Oxford conducts a criminal history check. I hereby consent to the City's use of any information provided during the application process in performing the criminal history check. I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established by the sole discretion of the City of Oxford.

I understand that the City of Oxford has a commitment to maintain an alcohol/drug-free workplace and that the City requires a drug screening test as part of its post-offer hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If, after a second, confirmatory test, it is determined that my specimen contains a controlled substance or that the specimen was altered or substituted, I will be disqualified from consideration for employment. Any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment. Please sign and list your Social Security Number below.

Applicant's Signature (name as shown on Social Security Card)

Date

Social Security Number of Applicant