

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

From: _____ To: _____
 Branch of Service _____
 Dates Served _____ Type of Discharge _____

EDUCATION / SKILLS

EDUCATION LEVEL	NAME	CITY	STATE	CIRCLE YRS COMPLETED	UNITS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				9 10 11 12			
COMMUNITY/ JUNIOR COLL				1 2			
BUSINESS OR TRADE SCHOOL				1 2			
COLLEGE OR UNIVERSITY				1 2 3 4			
GRADUATE SCHOOL				1 2 3 4			

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency With the Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS

Professional Licenses and Certifications (Job Related)	Types	Date Issued	Registration Number	State	Expires Mo/Yr

ORGANIZATIONS

Professional, Scholastic and other Organizations (job related). Exclude memberships that indicate your race, religion, ancestry, sex, age, disability, or veteran status	NAME	DATE	NAME	DATE

JOB-RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 7-YEAR WORK HISTORY AND MUST BE COMPLETED, EVEN IF SUPPLEMENTED BY A RESUME. LIST YOUR MOST RECENT EMPLOYER FIRST, INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES, OR COMMISSIONS.

FROM (Mo/Yr) _____	TO (Mo/Yr) _____	TOTAL - YRS _____	MOS. _____	YOUR POSITION _____
EMPLOYER _____		SUPERVISOR _____		
ADDRESS _____			PHONE _____	
TYPE OF BUSINESS _____		REASON FOR LEAVING _____		
BASE SALARY _____ / _____		<input type="checkbox"/> MONTHLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY		
START _____		FINAL _____		
OTHER COMPENSATION/BONUSES _____				
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____				

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL - YRS _____ MOS. _____ YOUR POSITION _____
EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____
START FINAL MONTHLY WEEKLY HOURLY
OTHER COMPENSATION/BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL - YRS _____ MOS. _____ YOUR POSITION _____
EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____
START FINAL MONTHLY WEEKLY HOURLY
OTHER COMPENSATION/BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL - YRS _____ MOS. _____ YOUR POSITION _____
EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____
START FINAL MONTHLY WEEKLY HOURLY
OTHER COMPENSATION/BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

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EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____
START FINAL MONTHLY WEEKLY HOURLY
OTHER COMPENSATION/BONUSES _____
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BASE SALARY _____ / _____
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EMPLOYER _____ SUPERVISOR _____
ADDRESS _____ PHONE _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____
START FINAL MONTHLY WEEKLY HOURLY
OTHER COMPENSATION/BONUSES _____
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

(ATTACH ADDITIONAL PAGE IF NECESSARY)

REFERENCES

NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP (no relatives)	RELATIONSHIP (no relatives)
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
DAYTIME PHONE	DAYTIME PHONE
RELATIONSHIP (no relatives)	RELATIONSHIP (no relatives)

EMERGENCY CONTACT

NAME _____	RELATIONSHIP _____
ADDRESS _____	CITY, STATE, ZIP _____
HOME PHONE _____	BUSINESS PHONE _____

FAIR CREDIT REPORTING ACT
Disclosure and Authorization Statement

To: All Applicants for Employment *(Please read carefully before signing below)*

In processing my application for employment, I understand the City of Lockport, its representatives, employees or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgments, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the City of Lockport, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer is a report in which information concerning my character, general reputation, personal characteristics or mode of living is obtained through personal interviews with neighbors, friends, associates or others with whom I am acquainted or who my have knowledge concerning this information.

By signing below, I authorize the City of Lockport to obtain a consumer report and an investigative consumer report on me as part of the pre-employment background and investigation process. If I am offered employment, I further authorize the City of Lockport to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name *(please print)*

Signature

Date Signed