

City of Brookland / Brookland Utilities

APPLICATION FOR EMPLOYMENT

Our policy is to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, religion, national origin, disability status, or other legally protected status.

Name _____ Date _____

Address _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Are you 18 years old or older? _____ Yes _____ No

If applying for a position with the Brookland Police Department, are you 21 years old or older?
_____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No (Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

Do you have the legal right to work and remain in the United States? _____ Yes _____ No

If Yes, can you produce evidence of U.S. citizenship or legal work status within three (3) days?
_____ Yes _____ No

Can you perform the duties of the job which you are applying? _____ Yes _____ No

If No, will you need any accommodations? Explain: _____

***If additional space is needed, please attach additional pages.

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/University				
College/University				
Other Training Including Police Academy				

Position applied for:

1. _____ 2. _____

Wage or salary desired? \$ _____ **When can you start?** _____

Work History

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date left	Ending Salary: \$ Per:	Position on Leaving
Name of Supervisor	Title of Supervisor	
Description of Duties		
Reason For Leaving		

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date left	Ending Salary: \$ Per:	Position on Leaving
Name of Supervisor	Title of Supervisor	
Description of Duties		
Reason For Leaving		

Most recent employer	Address	Telephone
Date started	Starting Salary: \$ Per:	Starting Position
Date left	Ending Salary: \$ Per:	Position on Leaving
Name of Supervisor	Title of Supervisor	
Description of Duties		
Reason For Leaving		

Do you have a current commercial driver's license? _____

In addition to your work history, what other experiences, skills or qualifications would especially qualify you for work with the City of Brookland? Specify office equipment, machines, computers, computer software, heavy equipment or anything else you can operate:

Give names and addresses of three (3) persons, other than relatives, who have knowledge of your character, experience or ability:

Name	Address/Phone No.	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Statement

I understand that this application is not intended to create any contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment to be terminated.

I authorize former employers to release to the City of Brookland or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be valid as the original.

I understand that my appointment will be at the discretion of the department head, subject to the approval of the Mayor, and that this application is the property of the city and will become a part of my file if I am accepted for employment.

I authorize the Brookland Police Department to do a criminal background check regarding employment with the City of Brookland, Brookland Utilities or Brookland Street Department.

Applicant Date of Birth: _____

Applicant SSN: _____

Signature of Applicant: _____

Date of Signature: _____