

APPLICATION FOR EMPLOYMENT WITH THE CITY OF MORIARTY

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT) Position(s) Applied For/Job Title Job Number Date of Application How Did You Learn About Us? ☐ Advertisement ☐ Friend ☐ Employment Agency ☐ Relative □ Other Last Name First Name Middle Name Physical Address City State Zip Code Mailing Address City State Zip Code Telephone Number(s) Best time to contact you at home is:

AM/PM If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No Have you ever filed an application with us before? If yes, give date: _____ ☐ Yes ☐ No Have you ever been employed with us before? If yes, give date: ☐ Yes ☐ No Do you have relatives employed by the City of Moriarty? ☐ Yes ☐ No If yes, state name and relationship. Are you currently employed? ☐ Yes ☐ No Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No (Proof of citizenship or immigration status will be required upon employment.) Date available for work Are you available to work: □ Full Time □ Part Time □ Temporary

May, 2010 Page 1 of 5

EDUCATION					
School	Name and Address of School	Course of Study Completed	Years Attended	Diploma/Degree	
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					
Mby do you want to ward f	on the City of Maniont	2			
Why do you want to work f	or the City of Monarty	<i>)</i>			
Note to Applicants: DO NO					
THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. A COMPLETE JOB DESCRIPTION IS AVAILABLE AT THE CITY CLERKS OFFICE.					
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the					
activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation is outlined in the job description YES NO					
125 cr cccapation to catimica in the job accomption.					
PROFESSIONAL REFERENCES (Do not include family members)					
Name	Phone Number	Best time to ca	II Emplo	oyer/Occupation	
1.					
2.					
3.					

May, 2010 Page 2 of 5

	WORK EX	perience	
Please complete even if Resume is at	tached. Start with	your present	or last job. Include any job-related
			e organizations that indicate race, color,
religion, gender, national origin, disab		•	· g - · · · - · · · · · · · · · · ·
Employer	Dates Er		Work Performed
Linployer	From	To	Work Fortonica
	FIOIII	10	
Address			
Starting/Present Job Title	Hourly Ra	te/Salarv	
C	Starting Pay	Final Pay	
Supervisor	,		
Supervisor			
Reason for Leaving			
	May we contact?	□ No □	Yes Phone #:
Employer	Dates Er	nploved	Work Performed
	From	To	1101111 0110111100
	FIOIII	10	
Address			
Starting/Present Job Title	Hourly Ra	te/Salary	
3	Starting Pay	Final Pay	
Supervisor			
Supervisor			
Reason for Leaving			
	May we contact?	□ No □	Yes Phone #:
Employer	Dates Er	nployed	Work Performed
. ,	From	To	
	1.0		
A didagan			
Address			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting Pay	Final Pay	
Supervisor			
December Leaving			
Reason for Leaving			IV DI "
	May we contact?		Yes Phone #:
Employer	Dates Er	nployed	Work Performed
	From	То	
Address			
Addiess			
Starting/Present Job Title	tarting/Present Job Title Hourly Rate/Salary		
	Starting Pay	Final Pay	
Supervisor			
•			
Reason for Leaving			I
Academie Leaving	May we contact?	П № Г	1 Yes Phone #
	I IVIO V VVE LUIII ALI (

May, 2010 Page 3 of 5

Describe any specialize	ed training, apprenticeship, ski	lls, and extra-curricular act	ivities.
	, business or civic activities an rship which would reveal gender,		, age, ancestry, disability or other
Additional Information/C Summarize special job-re	Other qualifications lated skills and qualifications acq	uired from employment or oth	er experience.
Specialized Skills (Chec	ck skills/Equipment Operated)		
☐ Switchboard	☐ Spreadsheet	Machinery (list)	Other (list)
☐ PC computer	☐ Word Processing		
☐ Typewriter WPM	☐ Shorthand WPM		
	additional information you feel ma		ing your application.
	List all computer prog	rams you are familiar with.	
	SUBSTANCE ABUS	E POLICY STATEM	ENT
The City of Moriarty rec			ety, and security problems. We

May, 2010 Page 4 of 5

expect all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

CONSENT FORM

I fully understand that, should I be offered employment by the City of Moriarty, a pre-employment urine drug screen will be required. The urine specimen collected may be analyzed for the following substances or classes of substance:

Alcohol Benzodiazephines Opiates
Amphetamines Cannabis Phencyclidine
Barbiturates Cocaine Propoxopine

I understand that my refusal to submit to and cooperate fully in this drug screen shall constitute good and sufficient cause for withdrawal of this application from further consideration.

I agree to the disclosure of the results of such tests to the hiring agency by the testing facility. I understand that a positive test result will be a factor in the employment decision and my result in my rejection for consideration for employment with the hiring agency.

I agree to release the City of Moriarty and the drug testing facility from any liability. The City of Moriarty agrees that the test results will not be provided to law enforcement authorities without the applicant's written consent.

I also understand that, should I be offered employment by the City of Moriarty, the City will require that I pass a physical examination, scheduled and paid for by the City.

Applicant's Signature	Date	

PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquires may be requested by the City of Moriarty pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that the City of Moriarty may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences. I also release and hold harmless all of my previous employers and the City of Moriarty from any liability that may potentially result from the release or use of such information.

The following information is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name	First Name	Middle Name	
Lastitains	T HOL HAINE	madio Hamo	
Social Security Number	Date of Birth	Driver's License Number and State	
		. .	
Applicant's Signature		Date	
			-

May, 2010 Page 5 of 5