

Please type/print all information requested **except your signature**

### APPLICATION FOR EMPLOYMENT CITY OF RUSTON

Print Form

PLEASE COMPLETE IN DETAIL

Name \_\_\_\_\_  
Last First Middle Maiden

Current Address \_\_\_\_\_  
Number Street City State Zip

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Are you 18 or older?  Yes  No

If you are not a U. S. Citizen, do you have the legal right to remain in the U. S.?  Yes  No

**Applying for position(s):** \_\_\_\_\_

Expected pay: \_\_\_\_\_ Employment desired  Full-time  Part-time

Who referred you? \_\_\_\_\_  Temporary  Full-time

Have you ever been employed by the City before?  Yes  No If yes, when? \_\_\_\_\_

LIST ALL ATTENDED	NAME OF SCHOOL	LOCATION complete mailing address	NUMBER OF YEARS COMPLETED	DIPLOMA/GED/TRANSCRIPT (Must provide copy)
High School				
College/University				
Business/Trade School				
Professional School				

Have you ever been discharged or dismissed by any previous employer?  Yes  No

As an adult, have you ever been convicted of a crime?  Yes  No

#### MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

DO YOU HAVE A **VALID LOUISIANA** PERSONAL DRIVER'S LICENSE?  Yes  No

DO YOU HAVE A **VALID LOUISIANA** COMMERCIAL DRIVER'S LICENSE?  Yes  No

Must provide copy of current, valid Louisiana Driver's License.

What office machines & computer software can you operate? \_\_\_\_\_

Mechanical Skills: \_\_\_\_\_

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**Work Experience** List all work experience beginning with most recent job held. If self-employed, give the firm name. **Attach additional sheets if necessary. Give reason for breaks in employment.**

Employer	Supervisor's Name:		
Address	Last Job Title:		
City, State, Zip	Employment Dates:	From	To
Phone Number:	Pay or Salary	Start:	Final
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO Contact Telephone Number: _____			

Reason for leaving (be specific):

List Jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company

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List two references other than relatives or previous employers.

Name _____	Name _____
Telephone : _____	Telephone : _____

**I certify that the answers given here in are true and complete to the best of my knowledge. I also authorized investigation of all statements contained in this application as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading informtion given in my application or interview(s) may result in discharge.**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**THE CITY OF RUSTON IS AN "AT-WILL" EMPLOYER  
THE CITY OF RUSTON IS AN EQUAL OPPORTUNITY EMPLOYER**

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# CITY OF RUSTON

Mayor Ronny Walker

Board of Aldermen  
Carolyn Cage • District 1  
Angela Mayfield • District 2  
Jedd Lewis • District 3  
Jim Pearce • District 4  
Bruce Siegmund • District 5

## AUTHORIZATION

In connection with your application for a position with the City of Ruston, reports and other documents and information may be requested and or prepared pertaining to you which may contain public record information including, without limitation, consumer credit, criminal, driving, education, prior and current employment, workers compensation, injury and medical information, which may include experience information. Further, information may be requested from various Federal, State, local and other agencies pertaining to your past activities.

By signing below, you hereby authorize without reservation, any party or agency contacted by the City of Ruston and/or its agents or representatives to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports and other documents and information at any time during your employment. You also agree that a fax or photocopy of this Authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish the City of Ruston and/or its agents or representatives with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Full Name (Print): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License State: \_\_\_\_\_ License Number: \_\_\_\_\_

*The following is for identification purposes only to perform the background check:*

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Race: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_

Other or Former Names: \_\_\_\_\_

Professional License: \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_

Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_