

EDUCATION HISTORY:

Do you have a high school diploma or a GED certificate? Yes No Year Completed: _____

List high schools, colleges, military, trade, business or other schools attended.

Name and Location of Institution	Years Attended	Degree Received	Course of Study (List Major)
A. _____			
B. _____			
C. _____			
D. _____			

WORK EXPERIENCE / HISTORY -- List below your last four (4) employers, starting with the most recent.

a. Employer _____ Duties: _____
 Address _____
 Telephone _____
 Job Title _____ Reason for leaving _____
 From (Month - Yr) and starting salary _____ To (Month - Yr) and ending Salary _____
 Supervisor's Name and Phone _____

b. Employer _____ Duties: _____
 Address _____
 Telephone _____
 Job Title _____ Reason for leaving _____
 From (Month - Yr) and starting salary _____ To (Month - Yr) and ending Salary _____
 Supervisor's Name and Phone _____

c. Employer _____ Duties: _____
 Address _____
 Telephone _____
 Job Title _____ Reason for leaving _____
 From (Month - Yr) and starting salary _____ To (Month - Yr) and ending Salary _____
 Supervisor's Name and Phone _____

d. Employer _____ Duties: _____
 Address _____
 Telephone _____
 Job Title _____ Reason for leaving _____
 From (Month - Yr) and starting salary _____ To (Month - Yr) and ending Salary _____
 Supervisor's Name and Phone _____

SPECIAL SKILLS AND QUALIFICATIONS:

Summarize special qualifications and skills acquired from employment, volunteering, or other experience.

REFERENCES:

Give name, address, telephone number, and number of years known of three references who are not related to you and are not previous employers.

AUTHORIZATION STATEMENT

I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand that any material omissions and/or false information in this application, my resume, or any other materials, or during any interviews, will be justification for rejection of employment or, if employed, termination from the City's employ, without advance notice at any time. I hereby also agree to hold the City of Lyons harmless in divulging the information contained in the application form as well as any personal records developed as a result of employment with the City of Lyons.

I understand I am required to abide with mandatory drug and alcohol testing policies as a stipulation of employment for safety sensitive positions covered by the Federal Department of Transportation Regulations. Employees who test positive are subject to disciplinary action up to and including termination.

I understand that unless otherwise defined by applicable law, employees of the City of Lyons serve in an "at will" capacity and can be discharged either with or without cause. THIS FORM IS FOR APPLICATION PURPOSES ONLY AND IS NOT A CONTRACT FOR EMPLOYMENT.

This application must be signed and dated for consideration of employment.

APPLICANT'S SIGNATURE: _____ **DATE:** _____