

**OFFICIAL USE ONLY:**

**Date & Time Application Submitted:** \_\_\_\_\_

10/17

# CITY OF MANDEVILLE

# APPLICATION

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

**POSITION APPLIED FOR** (PLEASE SUBMIT ONE APPLICATION PER POSITION APPLIED FOR): \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP Code

Primary Telephone: \_\_\_\_\_ Alternative Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ (primary contact will be through email communications)

Social Security: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
(State of Issuance)

### AUTHORIZATION

This serves as my authorization for release of personal and confidential information regarding myself, whatever the source, but to specifically include police and criminal records, school records, and employment and financial records. I hold harmless the City of Mandeville and any and all persons involved in such background investigations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### ACKNOWLEDGEMENT

I understand that if I am hired by the City of Mandeville under original appointment, I must serve a probationary period of at least six months during which time I must demonstrate my fitness for continued employment, and that I must be rated as at least satisfactory during the probationary period to be granted regular Civil Service status. I understand that the City of Mandeville reserves the right to change an employee's work schedule without notice. I also understand that the City of Mandeville may conduct investigations as appropriate to determine my fitness for employment, and that any appointment tendered will be contingent upon satisfactory completion of such investigation, and of such physical and psychological tests as may be required. Further, I am aware that willfully withholding information or making false statements on this application may serve as grounds for refusal to hire, or if hired, dismissal. I understand that I am required to abide by all rules and regulations of the City of Mandeville. I certify that all statements made by me on this application are true and complete to the best of my knowledge, and that I have personally executed this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you filed an application with us before?  Yes  No  
 If yes, give date \_\_\_\_\_

Have you ever been employed by us before?  Yes  No  
 If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time

Are you eligible to work in the United States?  Yes  No

*In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.*

*Please do not answer this question unless you have been informed about the requirements of the job for which you are applying:*

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?  Yes  No

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate or Professional				
Police Related Training				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

**NOTE: COPY OF DD 214 REQUIRED**

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List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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Specialized Skills – Check Skills/Equipment Operated

- |                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> CRT        | <input type="checkbox"/> Fax         | Production/Mobile Machinery (list): |
| <input type="checkbox"/> PC/MAC     | <input type="checkbox"/> Lotus 1-2-3 | _____                               |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> Excel       | _____                               |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Word        | Other Equipment (list):             |
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> WordPerfect | _____                               |

State any additional information you feel may be helpful to us in considering your application.

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## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Include military service – attach copy of DD 214.

Employer	Dates Employed	Work Performed
Address	From:	
Telephone Number(s)	To:	
Job Title	Hourly Rate/Salary	
Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

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Telephone Number(s)	To:	
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Telephone Number(s)	To:	
Job Title	Hourly Rate/Salary	
Immediate Supervisor	Starting Pay:	
Reason for Leaving	Final Pay:	

References		
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:
Name:	Phone:	Email:

If you need additional space for employment experience or references, please continue on a separate sheet of paper.