



City of Baker  
Employment Application

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

RESUMES ARE NOT ACCEPTED IN LIEU OF APPLICATION

APPLICANT INFORMATION	
Last Name:	First Name:
Middle Name:	
Street Address:	
City:	State:
Zip Code:	
Phone Number: Home Mobile	E-mail Address:
First Position Applied for:	Second Position Applied for:
Date Available to Start:	Desired Salary:
Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for the City of Baker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain:
Do you have any relatives working for the City of Baker? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list:
Have you ever been fired or asked to resign? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we inquire of your past or present employer as it relates to your job skills? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you possess a valid commercial driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you possess a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please name employer:



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EDUCATION/TRAINING			
Please list all education beginning with high school/GED equivalent.			
Name & Location of School	Course of Study	Years Completed	Diploma/Degree

CERTIFICATIONS, LICENSES, & REGISTRATIONS			
Please list all licenses and/or certifications as it relates to the job in which you are applying for:			
Type of License or Certification	Date of Certification	Expiration of Certification	Name of Agency

Please list any other experience, skills, or qualifications you may have as it relates to the position you are applying for:

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CLERICAL SKILLS	
Please complete this section if you are applying for a clerical position, by checking all that applies to your knowledge of each of the following:	
<input type="checkbox"/> Computer	<input type="checkbox"/> Printing Calculator
<input type="checkbox"/> Microsoft Office Applications	<input type="checkbox"/> Typing W. P. M.

Have you ever served in the military? Yes  No

Military Occupational Specialty: \_\_\_\_\_

How did you learn about us?  Advertisement  Company Website  Walk-in  Employee

EXPERIENCE		
Please list past and present work experience including military experience, beginning with present or most recent employer.		
Employer/Company Name:	Position Title:	
Street Address:	Kind of Business:	
City, State, & Zip:	Beginning Salary:	Ending Salary:
Name/Title of Supervisor:	Name of Contact for Employment Verification:	
List the major duties involved with this job: _____		
_____		
_____		
_____		
_____		



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Employer/Company Name:	Position Title:	
Street Address:	Kind of Business:	
City, State, & Zip:	Beginning Salary:	Ending Salary:
Name/Title of Supervisor:	Name of Contact for Employment Verification:	
List the major duties involved with this job: _____		
_____		
_____		
_____		
_____		

Employer/Company Name:	Position Title:	
Street Address:	Kind of Business:	
City, State, & Zip:	Beginning Salary:	Ending Salary:
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Employer/Company Name:	Position Title:	
Street Address:	Kind of Business:	
City, State, & Zip:	Beginning Salary:	Ending Salary:
Name/Title of Supervisor:	Name of Contact for Employment Verification:	
List the major duties involved with this job: _____		
_____		
_____		
_____		
_____		
_____		

REFERENCES		
Please list three professional references who are not related to you:		
NAME:	OCCUPATION:	PHONE:



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**AUTHORITY TO RELEASE INFORMATION**

By signing this application, I consent to the release of information concerning my job capacity and fitness by employers, educational institutions, law enforcement agencies, and other agencies to accredited personnel technicians and other authorized employers of the City of Baker for the purpose of investigation as prescribed by law.

I certify that all statements made in this application are true, complete and correct to the best of knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the eligible list, or I may be subject to dismissal from the employment of the City of Baker.

In addition, I also understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that after an offer of employment, I will receive a “Condition of Employment” form and a “Consent and Release” form, which shall be signed for pre-employment purposes.

I understand that upon signing such forms, there will be a pre-employment criminal background check. I understand that a pre-employment drug screen is required and that according to the City of Baker Substance Abuse Policy, employment with the City of Baker is contingent upon passing the drug screen. I also understand that a pre-employment physical is required and must be passed with regard to the essential functions of the position applied for.

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SIGNATURE

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DATE