

JOB RELATED ABILITIES

Please list any experience you may have operating machines or equipment that relate to the performance of this job: _____

Additional information may be provided by attaching a resume.

WORK EXPERIENCE

Date (month & year) From: To:	Name & Address of Employer	Title or Position	Name of Supervisor	Starting Salary	Ending Salary	Reason for Leaving
Brief Description of Duties:						

Date (month & year) From: To:	Name & Address of Employer	Title or Position	Name of Supervisor	Starting Salary	Ending Salary	Reason for Leaving
Brief Description of Duties:						

Date (month & year) From: To:	Name & Address of Employer	Title or Position	Name of Supervisor	Starting Salary	Ending Salary	Reason for Leaving
Brief Description of Duties:						

Date (month & year) From: To:	Name & Address of Employer	Title or Position	Name of Supervisor	Starting Salary	Ending Salary	Reason for Leaving
Brief Description of Duties:						

REFERENCES

Give the name and address of three references.

Name	Address	Phone	Years Acquainted	Business
------	---------	-------	------------------	----------

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by West Point City, I agree to conform to the rules and regulations of West Point City and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by West Point City at any time, at the city's sole option and without any prior notice to me.

Potential employees may be requested to provide a specimen for drug testing. I understand that by signing this application I am giving West Point City authorization to test. All positive tests will be reviewed by a medical review officer. Test results are confidential. West Point City will pay fees for all required drug testing.

I authorize investigation of all statements contained in this application and an investigating of my background, including any and all criminal history records and driver's license history. I understand that the findings of the investigation may or may not bar me from employment with West Point City.

Signature _____ Date _____

West Point City does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services