



Please list your job history for the past ten (10) years or your last three (3) employers starting with your current or most recent employment. **Please note any periods which you were not employed in the section marked "Additional Information" on the following page.** If you need additional space, please continue on the separate sheet of paper. **You may exclude information which would indicate your race, color, religion, gender, national origin, disability, age, or any other protected status.**

# HISTORY

# EMPLOYMENT

1. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 State, Zip \_\_\_\_\_

Position Title: \_\_\_\_\_  
 Status: Full-time ☐ Part-time ☐ Other ☐  
 Dates employed: From \_\_\_\_\_  
 To \_\_\_\_\_

Immediate Supervisor:  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Day Phone ( ) \_\_\_\_\_

Describe the principle duties or responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact this person? Yes ☐ No ☐

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 State, Zip \_\_\_\_\_

Position Title: \_\_\_\_\_  
 Status: Full-time ☐ Part-time ☐ Other ☐  
 Dates employed: From \_\_\_\_\_  
 To \_\_\_\_\_

Immediate Supervisor:  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Day Phone ( ) \_\_\_\_\_

Describe the principle duties or responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact this person? Yes ☐ No ☐

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 State, Zip \_\_\_\_\_

Position Title: \_\_\_\_\_  
 Status: Full-time ☐ Part-time ☐ Other ☐  
 Dates employed: From \_\_\_\_\_  
 To \_\_\_\_\_

Immediate Supervisor:  
 Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Day Phone ( ) \_\_\_\_\_

Describe the principle duties or responsibilities:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact this person? Yes ☐ No ☐

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



*You may exclude information which would indicate your race, color, religion, gender, national origin, disability, age, or any other protected status.*

High School (name and city): _____ Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, do you have a high school GED or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>					
College or other schooling:	Location (city, state)	Did you graduate?	Diploma or degree	Course of study	Minor(s)
Describe any specialized training, apprenticeships, skills, or extra-curricular activities relevant to this position:					
Describe any honors you have received: _____					
Indicate any foreign languages you can speak, read, and/or write:					
	Fluent	Good	Fair		
Speak					
Read					
Write					

**LICENSES/  
CERTIFICATION**

Please list any professional licenses or certifications that are relevant to the position for which you are applying, ex: CPR, Lifesaving, Water/Wastewater, Police Officer Standard Training, Commercial Driver's License, etc:

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SPECIAL SKILLS	Summarize special job-related skills and qualifications acquired from employment or other experiences. Include computer related experience, machinery, equipment, other skills, etc: _____
	_____
	_____
	_____
	_____

Have you received NIMS (National Incident Management Systems) training? \_\_\_\_\_ If yes, what levels? \_\_\_\_\_

Please include any additional information that you think would be applicable, ex: professional, trade, business, or civic activities, additional employment, and explanations of any gaps in employment. \_\_\_\_\_

# REFERENCES

Please give the name, address, and day-time phone number of three (3) references who are not related to you and are not previous employers.

Name _____	Address _____	Day Phone ( ) _____
Name _____	Address _____	Day Phone ( ) _____
Name _____	Address _____	Day Phone ( ) _____

It is very important that you read this section carefully and that you fully understand it before you sign it. This section affects your legal rights. If you have any questions, please ask a Providence City Human Resource representative before you sign this application. **Please initial each statement showing that you have read and have understood each statement.**

# APPLICANT'S CERTIFICATION AND AGREEMENT

Initial \_\_\_\_\_

In exchange for the Providence City's consideration of this employment application:

1. I promise that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this promise because I understand that you will rely on my statements to you in making your decision whether to hire me.

2. I understand and agree that Providence City, any agent acting on their behalf, as well as any other person responding to a reference request to the application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.

3. I understand and agree with the fact that Providence City maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I will be required to undergo a pre-employment drug and/or alcohol screening and testing, and/or practical exercises designed to ascertain my suitability for employment and/or the job(s) for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, Providence City shall be the sole judge of the acceptability of any test results.

4. I acknowledge that I have been advised that Providence City is an Equal Opportunity Employer, that Providence City does not discriminate against persons who are physically or mentally disabled, and that Providence City administers its employment policies in a nondiscriminatory manner.

5. I understand that I have an opportunity to review a copy of Providence City's Employee Handbook, and that if I so desire, I can review said handbook before I submit this employment application. I agree to abide by the terms and conditions of all Providence City's rules and regulations. I also understand that personnel policies, programs, and procedures may of necessity change from time to time without prior notifications.

6. I understand and agree that, if hired, my employment will be at will, and that I or Providence City can terminate this employment relationship at any time, with or without notice, for any reason, good or bad, without recourse by either of us. I also understand that if I am hired, Providence City has a six (6) month "Introductory Period" during which I am expected to determine as quickly as possible whether I wish to continue working for Providence City, just as Providence City will determine as quickly as possible whether it wants me to continue working for Providence City. Nothing about this Introductory Period, or its completion, changes the fact that, if hired, my employment will be at will. I also understand that no one at Providence City, or any Providence City client, has authority to alter any of the terms and conditions of this application or Providence City's employment policies, except those specified in the Providence City's Employee Handbook.

7. I understand and agree that work schedules and requirements vary and can be unpredictable, and that, while Providence City will make reasonable efforts to accommodate work schedules and employee availability, I may be required to work overtime, weekends, different shifts, or other arrangements. I consent to these requirements as necessary and legitimate conditions of employment.

8. I understand that this application will be kept on file for a period of 12 months after which the application will be destroyed. However, if I am employed, then this application will become a part of my permanent record. I also understand that Providence City only accepts applications and/or resumes for vacant positions.

9. I have read or have had this application read to me, and I understand everything on this application.

Applicant

Witness (required)

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Printed Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

"Witness" can be anyone over the age of 18 other than yourself