



ALL CITY MANAGEMENT SERVICES

All City Management Services, Inc. (ACMS) complies with all laws enforced by the United States Equal Employment Opportunity Commission (EEOC) that prohibit employment discrimination on the basis of an individual's race, color, religion, sex, national origin, age, or disability.

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|---|--|---|---------------------------------------|----------------|--|-----------------------|--|
| PERSONAL INFORMATION | | | HOW DID YOU HEAR ABOUT THIS POSITION? | | | Office Use: Dept Code | |
| Last Name | | First Name | | Middle Initial | | Date: | |
| List all names that you use or have used in the past: | | | Social Security Number: | | Telephone Number () | | |
| Address: Number and Street | | Apt. Number | | City | | State Zip | |
| If you are not a citizen of the United States, what is your authorization to be employed? | | | | | Have you worked for ACMS in the past? No Yes If so, when? | | |
| Have you ever been convicted of a felony? YES NO | | If YES, state charge, year, and give your probation/parole officer's name and phone number: | | | | | |
| Have you ever been convicted of any crime against another person? YES NO | | If YES, state charge, year, and give your probation/parole officer's name and phone number: | | | | | |

| | | | | | | |
|---|----|--|-------------|-------------------------|--------------------------|---------------------------|
| PREVIOUS EMPLOYMENT START WITH YOUR MOST RECENT EMPLOYMENT | | | | | | |
| From | To | Employer Name and Address (City and State) | | (Area Code)Telephone No | Reason for Leaving | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Years of education | | Grade School | High School | College | Business or Trade School | Other Training (specify): |

| | | | |
|--|------------|------------|----------------------------------|
| PERSONAL REFERENCES List two non-relatives whom you have known for at least one year. | | | |
| FULL NAME OF REFERENCE | Occupation | Yrs. Known | (Area Code) and Telephone Number |
| | | | |
| | | | |

| | | | |
|----------------------------|--|------------------------------|--|
| EMERGENCY CONTACT | | Relationship of this person: | |
| Name: | | Day Phone: | Other Phone/Pager Number(s) with area codes: |
| Address: Number and Street | | Apt. Number | City State Zip |

1) I certify all statements to be true and correct. I also understand that any omission or misrepresentation of facts on this application is cause for dismissal. 2) I authorize the investigation of all statements contained in this applications as well as give permission for this employer to contact personal references and previous employers. 3) I authorize the release of any information related to my suitability for employment with ACMS. 4) This application is not an offer, contract, or guarantee of employment or continued employment and no statement to the contrary will be effective or enforceable. Should I become an employee I understand and agree that my employment and compensation may be modified or terminated with or without notice for any reason not prohibited by law at the option of my employer or myself. 5) Should I become an employee of ACMS I will comply with all policies and practices of the company.

Signature of Applicant Date

DO NOT WRITE BELOW THIS LINE -- ADMINISTRATIVE USE ONLY

| | | |
|-----------------|---|-----------------------|
| Interview Date: | Intersection | Supervisor's Initials |
| Remarks: | | |
| Starting Date | Classification: permanent alternate hourly Rate | Department Site |