



EMPLOYMENT APPLICATION

PERSONAL INFORMATION

| | | | | | |
|---|--|-------|----------------|-------|-----|
| NAME: LAST | | FIRST | M.I. | DATE: | |
| ADDRESS STREET | | CITY | | STATE | ZIP |
| TELEPHONE: (INCLUDE AREA CODE) | | | MESSAGE PHONE: | | |
| EMAIL ADDRESS | | | | | |
| DO YOU HAVE A CURRENT DRIVER'S LICENSE? | | | STATE | TYPE | |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| HAVE YOU BEEN CONVICTED OR PLEAD NO CONTEST TO A FELONY WITHIN THE LAST 5 YEARS? YES _____ NO _____ IF YES, PLEASE EXPLAIN _____ | | | | | |

EMPLOYMENT DESIRED

| | | | |
|--|---------------------|---------------------------|-----|
| POSITION: | DATE YOU CAN START: | SALARY DESIRED: \$ | Per |
| AVAILABILITY: Will you accept Permanent Work? <input type="checkbox"/> Temporary? <input type="checkbox"/> Can you Work Weekends? <input type="checkbox"/> Evenings? <input type="checkbox"/> Check all that apply | | | |
| ARE YOU EMPLOYED NOW? Check if Yes <input type="checkbox"/> IF YES, MAY WE INQUIRE YOUR PRESENT EMPLOYER? Check if Yes <input type="checkbox"/> | | | |
| HAVE YOU APPLIED FOR WORK WITH US BEFORE? Check if Yes <input type="checkbox"/> IF SO, WHEN? | | | |
| IF YOU ARE RELATED TO ANYONE EMPLOYED AT THE CITY, PLEASE PROVIDE INFORMATION BELOW: | | | |
| Name | Relationship To You | Position With Our Company | |

EDUCATION

| | NAME AND LOCATION OF SCHOOL | HIGHEST GRADE COMPLETED | SUBJECT/MAJOR |
|--|-----------------------------|-------------------------|---------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| OTHER | | | |
| ADDITIONAL EDUCATION OR TRAINING INFORMATION | | | |
| | | | |

MILITARY

| | | |
|--|--|----------------------|
| HAVE YOU SERVED IN THE U.S. ARMED FORCES? DATE OF SERVICE: Check if Yes <input type="checkbox"/> FROM: | | TO: |
| BRANCH OF SERVICE: | | RANK AT DISCHARGE: |
| TYPE OF DISCHARGE: | | MILITARY OCCUPATION: |

SPECIAL SKILLS

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|---|
| LIST SPECIAL SKILLS OR HOBBY EXPERIENCE THAT YOU FEEL MIGHT ASSIST YOU IN A POSITION WITH THIS COMPANY: |
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| |
| |

REFERENCES

| GIVE THREE REFERENCES, NOT RELATIVES OR FORMER EMPLOYERS: | | | |
|---|---------|-------|------------|
| NAME | ADDRESS | PHONE | OCCUPATION |
| | | | |
| | | | |
| | | | |

WORK HISTORY - LIST FOUR STARTING WITH THE MOST RECENT

| DATES EMPLOYED | NAME AND ADDRESS OF EMPLOYER | DESCRIBE WORK PERFORMED | |
|--------------------|------------------------------|-------------------------|--------|
| FROM : | | | |
| TO: | | | |
| | Phone: | | |
| LAST POSITION HELD | SUPERVISORS NAME AND TITLE | REASON FOR LEAVING | SALARY |
| | | | \$ PER |

| DATES EMPLOYED | NAME AND ADDRESS OF EMPLOYER | DESCRIBE WORK PERFORMED | |
|--------------------|------------------------------|-------------------------|--------|
| FROM: | | | |
| TO: | | | |
| | Phone: | | |
| LAST POSITION HELD | SUPERVISORS NAME AND TITLE | REASON FOR LEAVING | SALARY |
| | | | \$ PER |

| DATES EMPLOYED | NAME AND ADDRESS OF EMPLOYER | DESCRIBE WORK PERFORMED | |
|--------------------|------------------------------|-------------------------|--------|
| FROM: | | | |
| TO: | | | |
| | Phone: | | |
| LAST POSITION HELD | SUPERVISORS NAME AND TITLE | REASON FOR LEAVING | SALARY |
| | | | \$ PER |

| DATES EMPLOYED | NAME AND ADDRESS OF EMPLOYER | DESCRIBE WORK PERFORMED | |
|--------------------|------------------------------|-------------------------|--------|
| FROM: | | | |
| TO: | | | |
| | Phone: | | |
| LAST POSITION HELD | SUPERVISORS NAME AND TITLE | REASON FOR LEAVING | SALARY |
| | | | \$ PER |

OTHER EXPERIENCE

| SUMMARIZE ADDITIONAL WORK HISTORY NOT INCLUDED ABOVE: |
|---|
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| |

I certify that all facts on this application are true to the best of my knowledge, and that any false statements shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information in this application. Typing my name into the signature area below completes this certification as if I had signed the form.

_____ SIGNATURE

_____ DATE