



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 <input type="checkbox"/> NO <input type="checkbox"/> 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

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

REFERENCES

GIVE THREE REFERENCES WHO ARE NOT RELATIVES:			
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:

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