

APPLICATION FOR EMPLOYMENT

All potential employees are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

															D	ate of Ap	nication	
PERSONAL INFORMATION																		
Last Name	First					irst M iddle							Social Security Number					
Street Address or P.O. Box											Telepho	ne Numbe	er					
City, State, Zip Email A									l Address	Address Mobile Number								
Federal law prohibits (including but not limit to submit such proof v	ited	d to,	, pas	sport	t, driv	er's l	icense,	birth co	ertifica	te, Gre	en Car	d, etc.) v	within t					
POSITION SOUGHT	' :	_																
Are you related to anyone presently employed by the City? ☐ Yes ☐ No						0												
If Yes, Name Department																		
Do you have a valid driver's license?								□ No										
EDUCATION RECORD																		
EDUCATION RECO									I In do	mama dirata		Candyota/						
		Elementary School					High School				Undergraduate College/University			Graduate/ Professional				
School Name and Location																		
Years Completed	4	ļ	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																		
Describe Course of Study		\leq	\equiv	>	\leq	\leq												
Describe any education, specialized training, and/or apprenticeship skills you have had which is not covered above including correspondence courses, special schools, inservice training and the like.																		
PROFESSIONAL LIC	CEI	NSI	NG					If a lice	ense or c	ertificate	e is requ	ired for t	he job fo	or which yo	u are app	olying, pl	ease con	nplete.
(1) Name of trade or profession							Licens	License or Certification Number										
Issued by							Expira	Expiration Date										
(2) Name of trade or profession								Licens	License or Certification Number									
Issued by								Expira	Expiration Date									
REFERENCES	Giv	e na	ıme,	addre	ess an	d telej	phone n	umber c	of three	referen	ces who	are not	related	to you and	d are no	t previo	ıs empl	oyers.
1.																		
2.	_																	
3.																		

(1) Company Name	From (MO/YR)	To (MO/YR)	Hourly Rate/Salary			
			Start:	End	1:	
Company Address	Duties:			•		
Supervisor						
Reason for leaving						
Job title						
(2) Company Name	From (MO/YR)	To (MO/YR)	Hourly Rate/Salary			
			Start:	End	1:	
Company Address	Duties:					
Supervisor						
Reason for leaving						
Job title						
(3) Company Name	From (MO/YR)	To (MO/YR)	Hourly Rate/Salary			
			Start:	End	1:	
Company Address	Duties:					
Supervisor						
Reason for leaving						
Job title						
(4) Company Name	From (MO/YR)	To (MO/YR)	Hourly Rate/Salary			
			Start:	End	1:	
Company Address	Duties:					
Supervisor						
Reason for leaving						
Job title						
ACK! I certify that answers given herein are true and complete to the best onecessary in arriving at an employment decision. I hereby under organization is of an "at will" nature, which means that the Employeunderstood that this "at will" employment relationship may not be cauthorized individual of this organization. In the event of employment understand, also, that I am required to abide by all rules and regular	stand and acknowledge that, unless otherwise the may resign at any time and the Employer mathanged by any written document or by conducted that, I understand that false or misleading inform	all statements conta e defined by appli- y discharge Emplo et unless such char	cable law, any er byee at any time w nge is specificall	nployment related the control of the	ionship with thi ause. It is furthed in writing by a	
Signature of Applicant						