# **PERSONAL INFORMATION:**

Name (Last, First, Middle):		Date:	
Present Address (Street, City, State, Zip):			
Permanent Address (Street, City, State, Zip):			
Phone Number:	Social Security No.:		
State Name and Relationship of Any Relatives In Our Employ:	Referred By:		

# **EMPLOYMENT DESIRED:**

Position:	
Date You Can Start:	Salary Desired:
Are You Employed Now?	May We Contact Your Employer?
Have You Ever Applied To This Company Before?	When?
Where?	

## **EDUCATION:**

School	Name and Location	Grad	uated	Major Subjects	GPA
Grammar School		Yes	No		
High School					
College/ University					
Other (Specify)					

### **OTHER INFORMATION:**

Subjects of Special Study or Research Work:
Special Training:
Activities: (Civic, Athletic, Etc.)

Exclude organizations, the name or character of which indicates the race, creed, sex, marital status, age, color, or national origin of its members.

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS: List the last four em	ployers, starting with present or most recent
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Date Month/Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From:		\$		
То:		Per		
From:		\$		
То:		Per		
From:		\$		
То:		Per		
From:		\$		
То:		Per		

#### **REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

\_\_\_\_

Name	Address	Business	Years Known
1.			
2.			
3.			

#### In Case of Emergency, Notify:

Address:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

Signed:

Date:

\_\_\_\_\_

Phone:

## **APPLICANT – DO NOT WRITE BELOW THIS LINE**

Interviewed By:			Date:	
Remarks:				
Hired:	Dept:		Position:	
Start Date:		Salary:		
Approvals				
Approvals:				
Department Director		-	City Manager	