

CITY OF AUMSVILLE APPLICATION FOR EMPLOYMENT

DATE _____

PERSONAL INFORMATION

Name _____

LAST FIRST MIDDLE

PRESENT ADDRESS

STREET CITY STATE ZIP

MAILING ADDRESS

STREET CITY STATE ZIP

ARE YOU 18 YEARS OR OLDER? Yes No PHONE NO. EMAIL:

IN CASE OF EMERGENCY NOTIFY:

NAME ADDRESS PHONE NO.

DO YOU HOLD A VALID DRIVERS LICENSE? Yes No NUMBER: _____ STATE OF ISSUE: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION DATE YOU CAN START

WHO REFERRED YOU TO THIS COMPANY NO REFERRAL ADVERTISEMENT AGENCY REFERRAL OTHER SOURCE EMPLOYEE REFERRAL WALKED IN FRIEND

EDUCATION

SCHOOL LEVEL NAME AND LOCATION OF SCHOOL NO. OF YEARS ATTENDED? DID YOU GRADUATE? SUBJECTS STUDIED

HIGH SCHOOL

COLLEGE

TRADE BUSINESS OR CORRESPONDENCE SCHOOL

GENERAL

APPLICANTS ARE ENCOURAGED TO SUBMIT A RESUME

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

EMPLOYERS [LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST]

NAME OF PRESENT OR LAST EMPLOYER:

ADDRESS

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME FORMER EMPLOYER:

ADDRESS

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME FORMER EMPLOYER:

ADDRESS

STARTING DATE

MONTH

YEAR

LEAVING DATE

MONTH

YEAR

JOB TITLE

MAY WE CONTACT YOUR SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

REFERENCES:

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR OTHER THAN THOSE SUPERVISORS LISTED ABOVE, WHO ARE BEST ABLE TO COMMENT ON YOUR WORK EXPERIENCE.

NAME	DAY-TIME PHONE NUMBERS (including area code)	RELATIONSHIP	YEARS ACQUAINTED
1			
2			
3			

PLEASE NOTE: An evaluation of all application materials will be conducted to determine those candidates who will receive further consideration, which may include any or all of the following: written exam, emotional intelligence test and credit and criminal background check. If you wish modification of this selection process in order to accommodate a disability, please make your request in writing and submit it with the required application materials. *Employment offer is contingent upon reference checks.*

APPLICANT'S STATEMENT:

I CERTIFY THAT ANSWERS GIVEN AND ON ANY ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATION OF THE EMPLOYER.

DATE: _____ SIGNATURE _____