



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Driver License # and Class	Exp. Date		
Date Available	Desired Salary		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for the City, State, or other government municipality?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION			
Level of education (Circle one)	High School or GED	Some college	College 4 year degree post graduate studies
Do you have a high school or GED Diploma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name of College or University			
Do you have a CDL ?		Do you have specialties, license, degrees?	
If yes please list provide details			

If you have more entries please attach additional pages

REFERENCES	
Please list three references at least one should be professional (no relatives).	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
PREVIOUS EMPLOYMENT: Beginning with the most recent, describe in detail all employment that is pertinent	

to the position applied for. Omissions and vagueness will NOT be interpreted in your favor.

Company _____		Phone () _____
Address _____		Supervisor _____
Job Title _____	_____	_____
Responsibilities _____		
From _____	To _____	Reason for Leaving _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company _____		Phone () _____
Address _____		Supervisor _____
Job Title _____	_____	_____
Responsibilities _____		
From _____	To _____	Reason for Leaving _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company _____		Phone () _____
Address _____		Supervisor _____
Job Title _____	_____	_____
Responsibilities _____		
From _____	To _____	Reason for Leaving _____
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

If you have more entries please attach additional pages

MILITARY SERVICE

Branch _____	From _____	To _____
Rank at Discharge _____	Honorable Discharge? _____	
If other than honorable, explain _____		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. Any offers of employment will be conditional and subject to review.

Signature _____	Date _____
-----------------	------------