

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE: _____

NAME: _____ SS #: _____ M () F ()

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE NO. _____ ARE YOU 18 YRS. OR OLDER ? () YES () NO

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES ? () YES () NO

The age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

EMPLOYMENT DESIRED

POSITION _____ START DATE _____ SALARY DESIRED \$ _____

ARE YOU EMPLOYED NOW ? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER ? _____

EVER APPLIED TO THE CITY BEFORE ? _____ WHERE ? _____ WHEN ? _____

EDUCATION	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE ?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, ETC. SCHOOL				

GENERAL

SUBJECTS OR SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVE _____

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE, MONTH, YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

(CONTINUED ON OTHER SIDE)

PHYSICAL RECORD:

HAVE YOU EVER FILED A WORKMAN'S COMPENSATION CLAIM ? { } YES { } NO

IF YES, WITH WHOM AND WHEN ? _____ DATE: _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? () YES () NO

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATIONS ? _____

PLEASE DESCRIBE: _____

IN CASE OF

EMERGENCY NOTIFY: _____

NAME

ADDRESS

PHONE NUMBER

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE	
INTERVIEWED BY:	DATE:
HIRED { } YES { } NO	POSITION:
SALARY/WAGE	DEPARTMENT:
APPROVED BY:	START DATE:
	TITLE:

This space is provided for any further comments or statements that you may have.