

CITY OF ROSSVILLE

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip
Telephone Number(s)			Social Security Number		

Are you legally eligible to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Have you ever filed an application with us before? Yes No If yes, give date_____

Have you ever been employed with us before? Yes No If yes, give date_____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

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Education

Education	Name and Location of School	Years Attended	Graduated	Course or Major
Elementary School				
High School				
College				
Trade, Business or Other				

Describe any specialized training, apprenticeship, skills and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

Indicate any foreign languages you can speak, read and / or write		
FLUENT	GOOD	FAIR

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

References

Giver name, address and telephone number of three references who are not related to you and are not previous employers.
1. _____
2. _____
3. _____

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Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer		Length of Service		Work Performed
Address				
		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
2. Employer		Length of Service		Work Performed
Address				
		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
3. Employer		Length of Service		Work Performed
Address				
		Hourly Rate/Salary		
Telephone Number(s)		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

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4. Employer		Length of Service		Work Performed	
Address					
		Hourly Rate/Salary			
Telephone Number(s)		Starting	Final		
Job Title	Supervisor				
Reason for leaving					

If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed above Yes No

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

I certify that answers given herein 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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 regulations of the employer.

Signature of Applicant

Date