

CITY OF ORTONVILLE

Application For Employment

Date _____

PERSONAL INFORMATION

Name _____ Social Security No. _____

Last
First
Middle

Address _____

Street
City
State
Zip Code

Business Telephone _____ Home Phone _____

Driver's license number _____ State _____ Type _____

Are you 18 years of age or older? Yes No

Are you legally authorized to accept employment in the United States? Yes No

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Do you wish to work: Full time Part time Temporary

If part time specify hours or days: _____

Ever applied to this city before? Yes No If yes, when? _____

Ever worked for this city before? Yes No If yes, when? _____

Reason for leaving _____

Who referred you to the city? Agency Current employee Newspaper ad Other

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED?	DEGREE, MAJOR OR TYPE OF COURSE
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE BUSINESS OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS

(List below most recent employer first. List complete employment history, but do not provide dates of employment for jobs held more than five years ago.)

1. Name and address of employer _____

Telephone _____

Starting date _____ Leaving date _____
Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ Name and Title of Supervisor _____

Description of work _____

Reason for leaving _____

2. Name and address of employer _____

Telephone _____

Starting date _____ Leaving date _____
Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ Name and Title of Supervisor _____

Description of work _____

Reason for leaving _____

3. Name and address of employer _____

Telephone _____

Starting date _____ Leaving date _____
Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ Name and Title of Supervisor _____

Description of work _____

Reason for leaving _____

4. Name and address of employer _____

Telephone _____

Starting date _____ Leaving date _____
Month Year Month Year

Weekly starting salary _____ Weekly final salary _____

Job title _____ Name and Title of Supervisor _____

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.

NAME	ADDRESS	OCCUPATION	PHONE
1.			
2.			
3.			

GENERAL

Subjects of special study or research work _____

Special training _____

Special skills (i.e. typing wpm, steno speed, etc.) _____

MILITARY EXPERIENCE

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Rank at separation _____

Briefly describe your duties: _____

AUTHORIZATION (PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY)

I certify that the information contained in this application (and accompanying resume, if any) is correct and that I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I understand that if I am hired, my employment may be terminated at any time and for any lawful reason by the City.

I authorize the schools, references, and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I understand that only the City Council has authority to make agreements of employment for a specified period of time or for specific conditions. I further understand that any agreement for employment for a specified period of time or under specified conditions must be reduced to writing and signed by _____ and me to be enforceable.

Signature

Date