

APPLICATION FOR EMPLOYMENT
CITY OF MAYVILLE
AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

PERSONAL INFORMATION

<u>NAME</u>			<u>SOCIAL SECURITY NUMBER</u>
Last	First	Middle	

PRESENT ADDRESS

Street	City	State	Zip
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PERMANENT ADDRESS

Street	City	State	Zip
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ARE YOU 18 YEARS OR OLDER? Yes No

<u>PHONE NO.</u>	<u>APARTMENT NO.</u>
<u>IN CASE OF EMERGENCY NOTIFY</u>	

Name	Address	Phone No.
<u>ARE YOU A U.S. CITIZEN?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>IF NO, ARE YOU AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>DO YOU WISH TO HAVE YOUR IDENTITY REVEALED TO THE PUBLIC?</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT DESIRED

<u>POSITION</u>	<u>DATE YOU CAN START</u>	<u>SALARY DESIRED</u>
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ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

<u>EVER APPLIED TO THE CITY BEFORE?</u>	<u>WHERE?</u>	<u>WHEN?</u>
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<u>EVER WORKED FOR THE CITY BEFORE?</u>	<u>WHERE?</u>	<u>WHEN?</u>
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REASON FOR LEAVING?

NAME OF LAST SUPERVISOR AT THE CITY (If Applicable)

WHO REFERRED YOU TO THIS CITY? EMPLOYMENT AGENCY NEWSPAPER AD OTHER
 STATE EMPLOYMENT OFFICE SERVICE 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 CORRES. SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING

SPECIAL SKILLS

SERVICE RECORD

BRANCH OF SERVICE

DISCHARGE DATE

PRESENT MEMBERSHIP IN

RANK

NATIONAL GUARD OR RESERVES

DATE

OBLIGATION ENDS

FORMER EMPLOYERS

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

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

STARTING DATE

LEAVING DATE

Month

Year

Month

Year

STARTING SALARY

FINAL SALARY

JOB TITLE

MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE

Month

Year

LEAVING DATE

Month

Year

STARTING SALARY

FINAL SALARY

JOB TITLE

MAY WE CONTACT SUPERVISOR?

NAME AND TITLE OF SUPERVISOR

PHONE NO.

DESCRIPTION OF WORK

REASON FOR LEAVING

NAME AND ADDRESS OF EMPLOYER

STARTING DATE

Month

Year

LEAVING DATE

Month

Year

STARTING SALARY

FINAL SALARY

JOB TITLE

MAY WE CONTACT 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

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

AUTHORIZATION

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.

If I am considered to be a final candidate for this position I understand that City records revealing my name will be open to the public for inspection.

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 any prior notice.

DATE

SIGNATURE
