## APPLICATION FOR EMPLOYMENT

## **CITY OF MAYVILLE**

An Equal Opportunity Employer

APPLICANT INFORMATION							
Last Name	First	First		M.I.		Date	
Present Street Address						Apartment/	Unit #
City						ZIP	
Permanent Street Address					Apartment/	Unit #	
City	State					ZIP	
Phone	<u> </u>	Soci		Social Security Number			
Are you 18 years or older?	☐ Yes [	No					
Are you a citizen of the United	Are you a citizen of the United States?						
Do you wish to have your iden	ntity revealed to the pub	lic?	Yes No				
EMPLOYMENT DESIRED							
Position Date you		can start S		Salary Desired			
Are you employed now? If so, may we inquire of your present employer?							
Have you ever applied to the City? Where? When?							
Have you ever worked for the City? Where? When?							
Reason for leaving							
Name of the last Supervisor at the City (If Applicable)							
Who referred you to this City? ☐ Employment Agency ☐ Newspaper Ad ☐ Other ☐ State Employment Office ☐ Service ☐ Walk-in ☐ Friend							
EDUCATION							
School Level	Name & Location School	of N	Number of Years Attende	ed	Did You G	raduate?	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	Discha	arge Date	Rank		
Present Membership in		Date Obligation Ends			
PREVIOUS EMPLOYMENT (List below the last three employers	s, startin	g with the last one first)			
Name of Present or Previous Employer		Job Title			
Street Address		City, State, ZIP			
Starting Date (Month & Year)		Leaving Date (Month & Year)			
Starting Salary \$		Final Salary \$			
Name & Title of Supervisor		Phone			
May we contact your current or previous supervisor for a reference?	Yes	□ No			
Description of Work					
Reason for Leaving					
Name of Employer		Job Title			
Street Address		City, State, ZIP			
Starting Date (Month & Year)		Leaving Date (Month & Year)			
Starting Salary \$	Final Salary \$				
Name & Title of Supervisor	Phone				
May we contact your previous supervisor for a reference?	☐ No				
Description of Work					
Reason for Leaving					

Street Address  City, State, ZIP  Starting Date (Month & Year)  Starting Salary \$  Name & Title of Supervisor  May we contact your previous supervisor for a reference? Yes No  Description of Work  Reason for Leaving	e year)					
Starting Salary \$ Final Salary \$  Name & Title of Supervisor Phone  May we contact your previous supervisor for a reference? Yes No  Description of Work  Reason for Leaving	e year)					
Name & Title of Supervisor  May we contact your previous supervisor for a reference? Yes No  Description of Work  Reason for Leaving	e year)					
May we contact your previous supervisor for a reference? Yes No  Description of Work  Reason for Leaving	e year)					
Description of Work  Reason for Leaving	e year)					
Reason for Leaving	e year)					
·	e year)					
_	e year)					
<b>REFERENCES</b> (Give below the names of three persons not related to you, whom you have known at least on						
Name Address Phone Number	Years Acquainted					
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	Signature					

SPECIAL QUESTIONS						
<b>DO NOT</b> answer <b>ANY</b> of the questions in this framed area unless the employer has <b>checked</b> $\boxtimes$ <b>a box preceding</b> a question. Thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national Security Laws, or is needed for other legally permissible reasons.						
Height Feet Inches Date of Birth*						
☐ Weight ☐ Are you a U.S. Citizen? ☐ 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 years of age.						
☐ What foreign languages do you speak fluently?						
Read Write						
Describe						
☐ I understand that I may be required to take one or more:						
<ul> <li>☐ Physical examination, drug or other test(s) as a condition of hiring, or continued employment. I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s).</li> <li>☐ Yes ☐ No</li> </ul>						
* 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.						