CITY OF MAX APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

NAME:

ADDRESS:

PHONE NUMBER: OTHER PHONE NUMBER:

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

ARE YOU LEGALLY ENTITLED TO WORK IN THE US? YES NO

Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? YES NO

EMPLOYMENT DESIRED

POSITION:

DATE YOU CAN START WORK

DRIVER LICENSE INFORMATION

Do you have a valid driver license? YES NO DRIVER LICENSE CLASS ISSUING STATE

Endorsements (Please List)

EDUCATION, TRAINING, ADDITIONAL SKILLS

Do you have a High School Diploma? YES NO Do you have a GED? YES NO

OTHER EDUCATION AFTER HIGH SCHOOL:

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF SCHOOL | COURSE OF STUDY | YRS COMPLETED | GRADUATED |
|  |  |  |  YES NO |
|  |  |  |  YES NO |

DO YOU HAVE ANY SPECIAL LICENSING OR CERTIFICATION? YES NO

If YES, please explain

Describe volunteer work, community involvement, hobbies or other qualifications or skills:

WORK EXPERIENCE (Current or most recent first)

EMPLOYER: TELEPHONE NUMBER:

ADDRESS:

JOB TITLE: SUPERVISOR:

FROM (MONTH/YEAR) TO (MONTH/YEAR) HOURS PER WEEK

DUTIES/SKILLS/EQUIPMENT/SOFTWARE USED:

REASON FOR LEAVING: MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: TELEPHONE NUMBER:

ADDRESS:

JOB TITLE: SUPERVISOR:

FROM (MONTH/YEAR) TO (MONTH/YEAR) HOURS PER WEEK

DUTIES/SKILLS/EQUIPMENT/SOFTWARE USED:

REASON FOR LEAVING: MAY WE CONTACT THIS EMPLOYER? YES NO

EMPLOYER: TELEPHONE NUMBER:

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JOB TITLE: SUPERVISOR:

FROM (MONTH/YEAR) TO (MONTH/YEAR) HOURS PER WEEK

DUTIES/SKILLS/EQUIPMENT/SOFTWARE USED:

REASON FOR LEAVING: MAY WE CONTACT THIS EMPLOYER? YES NO

REFERENCES

|  |  |  |
| --- | --- | --- |
| NAME | ADDRESS | PHONE NUMBER |
|  |  |  |
|  |  |  |
|  |  |  |

I certify the information contained in this application is true, correct and complete.

I understand that if I become employed, false statements reported on this application may be considered sufficient cause for dismissal.

APPLICANT SIGNATURE: DATE: