

# APPLICATION FOR EMPLOYMENT

**City of Eastborough**  
(An Equal Opportunity Employer)

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## PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First M.I.

D.O.B.: \_\_\_\_\_ Race: \_\_ Sex: \_\_ Social Security No . \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_ Are You A United States Citizen? \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

Felony Convictions ? : Yes \_\_ No \_\_ If So, Date : \_\_\_\_\_ Where : \_\_\_\_\_

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## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Salary Requirements \_\_\_\_\_

When Could you Start If Hired ? \_\_\_\_\_

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## EDUCATION

	Name & Address	Year Graduated ?	Completed
High School			
College			
Trade			

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## GENERAL INFORMATION

Specialized Skills : \_\_\_\_\_

Hobbies/Interests : \_\_\_\_\_

Military Service Branch : \_\_\_\_\_ Rank : \_\_\_\_\_ Type of Discharge : \_\_\_\_\_

**EMPLOYMENT** (List last three employers – Most recent first)

Dates		Company/Address	Telephone	Position	Supervisor
From	To				

Why You Left \_\_\_\_\_

Dates		Company/Address	Telephone	Position	Supervisor
From	To				

Why You Left \_\_\_\_\_

Dates		Company/Address	Telephone	Position	Supervisor
From	To				

Why You Left \_\_\_\_\_

Which of these jobs did you like best ? \_\_\_\_\_

Why ? \_\_\_\_\_

\_\_\_\_\_

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**REFERENCES** (Three People Not Related To You)

Name	Address	Telephone	Years Known
1.			
2.			
3.			

I certify that the information contained in this application form, the copy of my Personal Resume and any oral interviews is true to the best of my knowledge. I understand that if employed, any false information provided shall be grounds for dismissal.

I authorize investigation of all statements contained in this application and the resume provided. I further authorize all references listed to provide any information concerning my previous employment, character and any pertinent information they may have. I release all parties from all liability from any damage that may result from furnishing same to you.

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

\_\_\_\_\_

Interviewed By : \_\_\_\_\_ Date : \_\_\_\_\_