

City of Clinton Application for Employment

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, or any other legally protected status (EOE).

General Information

| Name | | | | | Date | | |
|--|-------------------|------------------------------|--------------------------------------|---------------------------|--------------------------|-------------------|------------------|
| Home Address | | | | | | | |
| Phone | | | Email | | | | |
| Position applying for | | | | | | | |
| | | | u legally en 1 the U.S.? | titled to Yes | No | Date y can sta | |
| Have you ever been employed or applied for employment with the City? Yes No If yes, when and what position? | | | | | | | |
| Do you have relatives employed by the City? | Yes | No | If yes, Name Relationshi Position | | | nship | |
| Emergency contact name and phone | | | | Have you e of a felony | ever been convicted ? | [| Yes No |
| Education and Training | | | | | | | |
| High School Graduate or General | Education (C | GED) Tes | t passed? | Yes | No | | |
| If no, please list the highest grade | completed | | | | | | |
| High School, College, Busines | s School, M | lilitary (l | Most recen | t first) | | | |
| Name and Location | | Dates Attended Month/Year | | Year Graduated | Degree and Year | | Major or Subject |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Occupational License, Certificate or Registration | n | Nu | mber | | Where Issued | | Expiration Date |
| Occupational License, Certificate or Registration | n | Nu | mber | | Where Issued | | Expiration Date |
| Languages Read, Written or Spoken Fluer | ntly Other than E | nglish | | | | | |
| Veteran Information | | | | | | | |
| Branch of Service | | Da | ate of Entry | | Date | of | |

| Branch of Service | Date of Entry | Discharge | |
|-------------------|---------------------------------------|-----------|--|
| | · · · · · · · · · · · · · · · · · · · | | |

Special Skills

Employment (most recent first)

| Dates Employed | Employer | Phone Number | | | | |
|---|---|---|---|--|--|--|
| Starting | Address | | | Hours per week | | |
| Ending | Job Title | | | Number of Employees Supervised | | |
| Specific Duties | | | | | | |
| Reason for leaving | | | Ma | y we contact this employer? | | |
| Dates Employed | Employer Phone Number | | | | | |
| Starting | Address Hours per week | | | | | |
| Ending | Job Title | | | Number of Employees Supervised | | |
| Specific Duties | | | | | | |
| Reason for leaving | | | May | y we contact this employer? | | |
| Dates Employed | Employer | | Phone Number | | | |
| Starting | Address | | Hours per week | | | |
| Ending | Job Title | | Number of Employees Supervised | | | |
| Specific Duties | | | M | | | |
| Reason for leaving | | | May | we contact this employer? | | |
| References: | nformation of three people with k the position you are applying for. I | ••• | | work experience, and skills or ability | | |
| | Telephone | | Years Acquainted | | | |
| | | | | | | |
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| | | | | | | |
| application will elim City of Clinton, and organizations named investigation of my p | all my previous employers, education all my previous employers, education in this application (with the excer- personal background, work histor on provided in my employment ap 1. | ion for employr ational institution eption of ry, educational of | nent or will be ons, law enford credentials and | _) to conduct or participate in an l police record as may be necessary to | | |
| Signature of applicat | Date | | | | | |