

General Information

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).

| Name Date | | | | | | | |
|--|---|------------|-------------------|-----------------------|-----------------|------------------|--|
| Home Address | | | | | | | |
| Phone | none Email | | | | | | |
| Position applying for | | | Are you a | citizen of the United | d States Yes | No | |
| If no, do you have a valid Yes No work permit? | Are you 18 years or older? | | | Date you can start | | | |
| 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 | | | Relationship | | | |
| Emergency contact name and phone | Have you ever been convicted of a felony? | | Yes | No | | | |
| Education and Training | | | | | | | |
| High School Graduate or General Education (G | GED) Tes | t passed? | Yes | No | | | |
| If no, please list the highest grade completed | | | | | | | |
| High School, College, Business School, M | lilitary (1 | Most recei | nt first) | | | | |
| Name and Location | Dates Attended Month/Year | | Year Graduated | Degree and Y | ear Major | Major or Subject | |
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| Occupational License, Certificate or Registration | Nu | mber | Where Issued | | Exp | Expiration Date | |
| Occupational License, Certificate or Registration | Number | | Where Issued | | Expiration Date | | |
| Constant Electron, Comment of Regulation | Number | | Whole Issued | | Espanies But | | |
| Languages Read, Written or Spoken Fluently Other than I | English | | | | - | | |
| Veteran Information | | | | | | | |
| Branch of Service Date of Entry Discharge | | | | | | | |
| Special Skills | | | | | | | |
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| Employment | (most | recent | first) | |
|------------|-------|--------|--------|--|
| | | | | |

| Dates Employed | Employer | | | | | |
|---|--|---|---|--|--|--|
| Starting | Address | | | Hours per week | | |
| Ending | Job Title | | | Number of Employees Supervised | | |
| Specific Duties | | | | | | |
| Reason for leaving | | | Mag | y we contact this employer? | | |
| Dates Employed | Employer Phone Number | | | | | |
| Starting | Address | | 1 | Hours per week | | |
| Ending | Job Title | | | Number of Employees Supervised | | |
| Specific Duties | | | | | | |
| Reason for leaving | Reason for leaving May we contact this employer? | | | | | |
| Dates Employed | Employer | | Phone Number | | | |
| Starting | Address Hours per week | | | | | |
| Ending | Job Title Number of Employees Supervised | | | of Employees Supervised | | |
| Reason for leaving | | | May | we contact this employer? | | |
| References: List | information of three people with keeposition you are applying for. I | | our character, v | work experience, and skills or ability | | |
| 101 ti | Name | i | ephone | Years Acquainted | | |
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| application will elim City of Clinton, and organizations name investigation of my verify the informati which I have applie Signature of applica | ninate me from further considerated all my previous employers, educed in this application (with the exceptors personal background, work historion provided in my employment and. | ion for employnational institution ofy, educational | nent or will be ons, law enforc credentials and |) to conduct or participate in an police record as may be necessary to | | |
| Signature of applica | nnt | | | שמוכ | | |