



Application for Employment

IDENTIFICATION - Please Print or Type

Last Name	First Name	Middle Name
Mailing Address	City	State
		Zip Code
Home Phone	Cell Phone	If UNDER 18 years of age please state Date of Birth:

Are you a U.S. Citizen or do you possess an alien registration card? Yes No

Do you have valid Drivers License? Yes No

Have you been convicted of a felony within the last 10 years? Yes No
 If yes, explain: _____

Do you have any physical, mental or medical impairment that would limit or prevent you from performing the job you are applying for? Yes No
 If yes, explain: _____

EMPLOYMENT DESIRED

Position Desired	Date Available for work	Salary/Wage Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we inquire with your present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Supervisor's Name and Contact Number
Have you applied with the City of Green River before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Position applied for	Date applied

EDUCATION

Circle highest grade completed:

	High School 9 10 11 12 or GED	College 1 2 3 4 5	Graduate School 1 2 3 4
Schools	Graduate	Name & Location	Miscellaneous Information
High School	Yes No		
College	Yes No		
Graduate	Yes No		
Other	Yes No		

GENERAL

Subjects of Special Study:

Special Skills:

Activities:

EMPLOYMENT HISTORY

Please list your last three employers, starting with the most current.

Current or Last Employer	Address		Full Time/Part Time
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)
Reason For Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary \$ Per

Duties:

Employer	Address		Full Time/Part Time
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)
Reason For Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary \$ Per

Duties:

Employer	Address		Full Time/Part Time
Job Title	Dates Employed From: To:	Supervisor's Name	Contact Number(s)
Reason For Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary/Wage \$ Per

Duties:

I certify that the above information is true and complete to the best of my knowledge. I understand that any false information may cause my application to be rejected, and that if I am employed my employment maybe terminated.

Signature of Applicant:

Date: