

CITY OF HARTWELL

EMPLOYMENT APPLICATION

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities.

Instructions: Type or print in ink this application in its entirety. Sign and date the form.

Position(s) applied for: _____

PERSONAL INFORMATION:

Name: _____
 First Middle Last

Address: _____
 Street City State Zip Code

Social Security No.: _____

Home Telephone No.: _____ Other Telephone No. _____

Are you a U. S. citizen or are you legally authorized to work in the United States?
Yes_____ No_____

Are you at least 18 years of age? Yes_____ No_____

Have you been convicted of or pleaded no contest to a felony within the last 5 years?
Yes_____ No_____

If yes, please explain: _____

List any skills, knowledge, abilities, or qualifications relevant to the position you seek, such as operating heavy equipment, computer skills, fluency in language(s), etc.

To your knowledge, do you have any relatives working in this agency? Yes_____ No_____

Employment History:

LIST MOST RECENT EMPLOYMENT FIRST

1. Name of Present or Last Employer: _____
Address: _____ Phone No.:(____) _____
Your Job Title: _____ Supervisor's Name _____
From: ____/____ To: ____/____ May we contact this employer? [] Yes [] No
Month Year Month Year
Duties/Responsibilities: _____
Reason for Leaving: _____

2. Name of Next Previous Employer: _____
Address: _____ Phone No.:(____) _____
Your Job Title: _____ Supervisor's Name _____
From: ____/____ To: ____/____ May we contact this employer? [] Yes [] No
Month Year Month Year
Duties/Responsibilities: _____
Reason for Leaving: _____

3. Name of Next Previous Employer: _____
Address: _____ Phone No.:(____) _____
Your Job Title: _____ Supervisor's Name _____
From: ____/____ To: ____/____ May we contact this employer? [] Yes [] No
Month Year Month Year
Duties/Responsibilities: _____
Reason for Leaving: _____

4. Name of Next Previous Employer: _____
Address: _____ Phone No.:(____) _____
Your Job Title: _____ Supervisor's Name _____
From: ____/____ To: ____/____ May we contact this employer? [] Yes [] No
Month Year Month Year
Duties/Responsibilities: _____
Reason for Leaving: _____

If needed, attach additional sheets, using the same format as on the application. Resumes may be attached.

EDUCATION & TRAINING:

HIGH SCHOOL:

Name/Location of School Received: Diploma Other (specify) None

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL:

Name of School	Location	Major/Minor Course of Study	Type of Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other: (specify) _____

PERSONAL REFERENCES:

List three persons other than relatives.

Name	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do we contact you?

Home Phone: _____

Business Phone: _____

E-mail Address: _____

Other: _____

CERTIFICATION

I certify that information contained in this application is true and complete. I understand that false information, omissions, or misrepresentations may disqualify me for employment consideration, and if I am hired, may be grounds for termination at a later date. I authorize the verification of any or all information listed herein.

Signature _____ Date _____