



APPLICATION OF EMPLOYMENT

APPLICANT INFORMATION

Last Name First Name Middle D.O.B

Address Apartment Number

City State Zip Code

Social Security Number Driver's License State

Phone Number Email

Available Start Date

Applying For: Position Desired Salary:

Are you a citizen of the United States? If no, are you authorized to work in the U.S.?

Yes No Yes No

Have you worked for the City of Rollingwood in the past?

Yes No

How did you hear about us?

Have you ever been convicted of a felony?

Yes No

If yes, when? Explain:



By initialing this document, you are swearing to the truth of the information provided.

EDUCATION

What is your highest level of education?

High School

College

Graduate Degree

List the institution(s) and date(s) of enrollment

Address of Institution

Did you graduate?

Yes

No

Degree(s)

Major(s) _____

Minor(s) _____

PREVIOUS EMPLOYMENT

Company _____

Address _____ **Phone Number** _____

Job Title _____ **Supervisor(s) Name** _____

Start Date _____ **End Date** _____ **May we contact them?** _____

Responsibilities



By initialing this document, you are swearing to the truth of the information provided. _____

Reason for Leaving

PREVIOUS EMPLOYMENT

Company

Address

Phone Number

Job Title

Supervisor(s) Name

Start Date

End Date

May we contact them?

Responsibilities

Reason for Leaving

PREVIOUS EMPLOYMENT

Company

Address

Phone Number

Job Title

Supervisor(s) Name



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Start Date

End Date

May we contact them?

Responsibilities

Reason for Leaving

MILITARY SERVICE

Branch

Rank at Discharge

Dates of Service

Start Date

End Date

Type of Discharge

If other than honorable, please explain:

THE CITY OF ROLLINGWOOD IS AN EQUAL OPPORTUNITY EMPLOYER, AND ABIDES BY FAIR LABOR STANDARDS AND PRACTICES.



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