

CITY OF GLENWOOD CITY

Exact Title of Position Applying For _____

First Name _____ MI _____ Last Name _____

Address _____
Street City State & Zip

Home Phone _____ Cell Phone _____

Email _____

Former Names Used _____

Social Security # _____ Date Available to Start _____

EDUCATION

| | | |
|---------------------------|---|--|
| Name of High School _____ | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No | G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City and State _____ | Year _____ | Year _____ |

| SCHOOL <small>For each level of education which applies to you, give name, City & State of last school you attended</small> | Dates Attended | | Did you Graduate? | Course of Study. Give major, minor, types of program pursued, etc. | Give type and date of degree, certificate, diploma, or other document awarded | Credits Earned |
|---|--------------------------------|----------------------------------|---|--|---|----------------|
| | To <small>(Mo. Yr.)</small> | From <small>(Mo. Yr.)</small> | | | | |
| Undergraduate College City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Graduate College City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Business or Technical City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Military or Correspondence City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other City & State | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

REFERENCES List three persons we may contact at this time who are NOT related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not give names of supervisors listed under EXPERIENCE.

| First & Last Name | Present Home Address <small>(Number, Street, City, State and ZIP Code)</small> | Business/Occupation |
|-------------------|---|---------------------|
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| | | |
| | | |

SPECIAL SKILLS AN QUALIFICATIONS

Do you posses a valid driver's license? Yes No

State _____ License Number _____ Expiration Date _____

EXPERIENCE List your last four (4) jobs, including relevant volunteer experience. If you were employed under another name, include the name by which you were known to your employer. IN ADDITION, LIST ANY EARLIER EXPERIENCE OF ANY KIND REQUIRED FOR THIS POSITION. Part-time work will be pro-rated in determining experience qualifications. If additional space is needed, attach a sheet of paper. Only those jobs listed will be considered in evaluating your qualifications. **THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.**

Are you presently working? Yes No

Does the City of Glenwood City have your permission to contact your present employer at this time? Yes No

| | |
|--|---|
| <p>Name of Employer _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Duties _____</p> <p>_____</p> <p>Reason for Leaving _____</p> <p>Name and Title of Immediate Supervisor _____</p> <p>_____</p> | <p>Dates of Employment</p> <p>From (Mo. & Yr.) _____ To (Mo. & Yr.) _____</p> <p>Total Time (years & months) _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Not Paid</p> <p>Hours per week _____</p> <p>Starting Salary _____ Ending Salary _____</p> <p>Number of employees supervised _____</p> <p>_____ Professional _____ Non-Professional</p> |
| <p>Name of Employer _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Duties _____</p> <p>_____</p> <p>Reason for Leaving _____</p> <p>Name and Title of Immediate Supervisor _____</p> <p>_____</p> | <p>Dates of Employment</p> <p>From (Mo. & Yr.) _____ To (Mo. & Yr.) _____</p> <p>Total Time (years & months) _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Not Paid</p> <p>Hours per week _____</p> <p>Starting Salary _____ Ending Salary _____</p> <p>Number of employees supervised _____</p> <p>_____ Professional _____ Non-Professional</p> |
| <p>Name of Employer _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Duties _____</p> <p>_____</p> <p>Reason for Leaving _____</p> <p>Name and Title of Immediate Supervisor _____</p> <p>_____</p> | <p>Dates of Employment</p> <p>From (Mo. & Yr.) _____ To (Mo. & Yr.) _____</p> <p>Total Time (years & months) _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Not Paid</p> <p>Hours per week _____</p> <p>Starting Salary _____ Ending Salary _____</p> <p>Number of employees supervised _____</p> <p>_____ Professional _____ Non-Professional</p> |
| | |

| | |
|---|--|
| Name of Employer _____ Address _____ Job Title _____ Duties _____ _____ Reason for Leaving _____ Name and Title of Immediate Supervisor _____ _____ | Dates of Employment From (Mo. & Yr.) _____ To (Mo. & Yr.) _____ Total Time (years & months) _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Hours per week _____ Starting Salary _____ Ending Salary _____ Number of employees supervised _____ Professional _____ Non-Professional |
|---|--|

Summarize your special skills or qualifications for this position _____

Are you 18 years of age or older? Yes No

Are you 16 years of age or older? Yes No

Are you a United States Citizen? Yes No

If you are not a United States Citizen, do you have permission to work in the United States from the U.S. Immigration and Naturalization Service? Yes No (You will be required to submit proof of your permission to work if employed.)

What hours are you able to work? _____

Would you be available for weekend or holiday assignments? Yes No

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? Yes No

If yes, complete the following:

| Offense | Date | City and State | Fine or Sentence |
|---------|------|----------------|------------------|
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| | | | |

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL ONLY BE CONSIDERED WHERE A BONAFIDE OCCUPATIONAL QUALIFICATION EXISTS.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to verification.

CERTIFICATION: I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Applicant Signature

Date Signed