



APPLICATION FOR EMPLOYMENT

I. PERSONAL INFORMATION

DATE: _____ SOCIAL SECURITY# _____

SEX: ____ (M) ____ (F) Check here if you are at least 19 years of age: _____

NAME: _____
Last First Middle

*List any aliases or other names ever used: _____

PRESENT ADDRESS: _____
Street City State Zip Code

PERMANENT ADDRESS: _____
Street City State Zip Code

HOME PHONE# _____ OWN _____ RENT _____ LEASE _____

HT: _____ WT: _____ HAIR: _____ EYES: _____

CITIZEN OF THE U.S.A.: _____ YES _____ NO

RESUME ATTACHED: _____ YES _____ NO (not required)

ARE YOU RELATED TO ANYONE IN OUR ORGANIZATION? _____ YES _____ NO

REFERRED BY: _____

PERSON TO BE CONTACTED IN EMERGENCY:

| Name | Relationship | Phone Number |
|--------|--------------|----------------|
| Street | City | State/Zip Code |

ACTIVITIES/HOBBIES/INTERESTS: _____

II. POSITION APPLYING FOR: _____

HAVE YOU APPLIED TO THIS DEPARTMENT BEFORE? _____ WHEN? _____

(2) Name of previous employer: _____

Address: _____

Your job title: _____

From: ____/____/____ Hours per week: _____

To: ____/____/____ Annual Salary: _____/_____

Starting Ending

Supervisor's Name: _____ Title: _____ Phone No. _____

Duties and responsibilities _____

Reason for leaving _____

(3) Name of previous employer: _____

Address: _____

Your job title: _____

From: ____/____/____ Hours per week: _____

To: ____/____/____ Annual Salary: _____/_____

Starting Ending

Supervisor's Name: _____ Title: _____ Phone No. _____

Duties and Responsibilities _____

Reason for Leaving _____

4) Name of previous employer: _____

Address: _____

Your job title: _____

From: ____/____/____ Hours per week: _____

To: ____/____/____ Annual Salary: _____/_____

Starting Ending

Supervisor's Name: _____ Title: _____ Phone No. _____

Duties and Responsibilities _____

Reason for Leaving _____

Previous Employment Questionnaire:

1. Have you ever been dismissed or asked to resign from any employment or position you have held, or have you quit any job after being told you were fired? _____ Yes _____ No. If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

2. Have you left a job by mutual agreement following allegations of misconduct or unsatisfactory job performance? _____ Yes _____ No. If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

3. Have you left a job for other reasons under unfavorable circumstances? _____ Yes _____ No
If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

4. Have you ever had any disciplinary action taken against you by an employer or in any position you have held? _____ Yes _____ No. If yes, please provide details.

Employer's Name: _____ Date: _____

Reason: _____

5. Have you ever been fingerprinted for any reason (arrest, job application, military, etc)?

_____ Yes _____ No. If yes, please give date(s) and reason(s) printed:

VI. DRIVING HISTORY

1. Are you a licensed automobile operator? _____ Yes _____ No _____ State License #

_____ Date of expiration _____ Restrictions _____

(Attach a copy)

2. Do you hold or have you ever held a license in any state other than the one listed in question #1?

_____ Yes _____ No. If yes, please provide state(s), name used and approximate dates of license(s)

was/were held. _____

VII. MILITARY HISTORY

1. Are you registered for Selective Service? _____ Yes _____ No SS# _____
Classification _____ Date of Classification _____
Address of Local Board _____

2. Have you ever served on active duty in the Armed Forces of the United States? _____ Yes _____ No
Branch of Service _____ Highest Rank _____
Serial Number _____
Dates of Duty (mo/day/yr) From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

3. Discharge(s): Provide information for any period(s) of service. (Attach a copy of all DD Form 214s)

| | | | |
|------------|-------------|------------|-------------------------|
| Type _____ | Basis _____ | Date _____ | Separation Center _____ |
| Type _____ | Basis _____ | Date _____ | Separation Center _____ |
| Type _____ | Basis _____ | Date _____ | Separation Center _____ |

4. Are you now or have you ever been a member of a reserve unit or the National Guard?
_____ Yes _____ No _____ Present _____ Former Branch of Service _____

5. If you attend drills give name of unit and location. _____

6. Was any type of disciplinary action taken against you in the service? (Be sure to include nonjudicial punishment(s), if applicable) _____ Yes _____ No. If yes, please provide details.

VIII. REFERENCES AND ACQUAINTANCES

1. References - Give (2) references (not relatives, former employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women, who have known you well for the past five (5) years. If retired, give former occupation.

| | |
|---|--|
| Complete Name _____ (Last, First, Middle) Yrs.Acq: Occupation: | Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____ |
| Complete Name _____ (Last, First, Middle) Yrs. Acq: Occupation: | Home Address: _____ City & State: _____ Home Phone: _____ Business Address: _____ City & State: _____ Business Phone: _____ |

2. Social acquaintances: List two (2) social acquaintances that have known you for at least five (5) years.

Name: _____ Address: _____
 Phone Number: _____ (Day) _____ (Evening)

Name: _____ Address: _____
 Phone Number: _____ (Day) _____ (Evening)

Carefully review your answers on this form and any attached sheets or documents. An incomplete application may result in your not being considered for a position with the City of Mexico Beach.

I, certify that, to the best of my knowledge and belief, all of the information on, and attached to, this application is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question, on any part of this application or its attachments, may be grounds for not hiring me or for termination after I begin work. I understand that any information I give may be investigated for purposes of determining eligibility for employment. I also understand that by signing this application, I agree to a background check to be conducted.

Applicant's signature _____

Date _____