

# APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
Last
First
Middle

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street
City
State
Zip

PREVIOUS ADDRESS  
 (if less than 3 years at present address) \_\_\_\_\_  
Street
City
State
Zip

PHONE NUMBER (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? \*  YES  NO

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES?  YES  NO

\*HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR WITHIN THE LAST 5 YEARS?  YES  NO

If yes to above question, please describe \_\_\_\_\_

\* In order to verify your fitness as an employee, a Criminal History background check may be performed. Your signature on page 3 of this application authorizes the same.

## EMPLOYMENT DESIRED

POSITION APPLIED FOR \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DEGREE OBTAINED	SUBJECTS STUDIED
Elem. School				
High School				
College				
Trade or Business School				

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70 years of age.

**GENERAL**

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

AREAS OF SPECIAL STUDY OR INTEREST \_\_\_\_\_

U.S. MILITARY SERVICE \_\_\_\_\_

RANK \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

Start with your present job; include military service assignments.

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
FROM TO				
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**Special Skills and Qualifications**Summarize special skills and qualifications  
acquired from employment or other experience:

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**REFERENCES**

Give the names of three persons not related to you, whom you have known for at least one year.

Name	Address	Business	Phone Number	Years Acquainted
1.				
2.				
3.				

**CERTIFICATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any information pertaining to the Criminal Background check may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

Date \_\_\_\_\_ Signature \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE**

INTERVIEW DATE \_\_\_\_\_

HIRED  YES  NO POSITION \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ OTHER COMPENSATION \_\_\_\_\_

DATE REPORTING TO WORK \_\_\_\_\_

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This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.

**City of Maysville  
Authorization to Release Information**

To Whom It May Concern:

I hereby request and authorize you to furnish the City of Maysville with any and all information they may request concerning my work record, educational history, military record, traffic record, criminal record, medical history, and general reputation. I also, request and authorize you to furnish any organization or individual conducting a background investigation on behalf of the City of Maysville with this same information. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment with the City of Maysville.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested or from any subsequent use of such information in determining my qualifications for employment with the City of Maysville.

A photocopy or facsimile of this release will be valid as an original thereof for one year from date of execution.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Type or print legibly the following information:

Applicant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_