APPLICATION FOR EMPLOYMENT CITY OF KENNEDY

An Equal Opportunity Employer

Date					
PERSONAL INFORMAT	ION				
Name					
Last	First		Middle		
AddressStreet or PO	 Box	City		State	Zip Code
Telephone (Work)		·)		•
Are you 16 years or olde					
EMPLOYMENT DESIRE		110	Do you have a an	voi o noonoo	. 123 113
		ilahla	0	touting NA/ogo	
Position	Date Avai	liable	ა	tarting wage	
Do you wish to work (circ	le one) Full Time	Part T	ime (how many ho	urs)	Temporary
Have you applied to the	city before? YES	NO	If YES, when		
Have you worked for the Reason for leaving	city before? YES		If YES, when		
How did you hear of this	position? EMPLO	YEE	NEWSPAPER	OTHER_	
EDUCATION	Name & Location	on	# of yrs. Attende	d Degree	e, Major,Course
HIGH SCHOOL					
COLLEGE					
GRADUATE SCHOOL					
TRADE SCHOOL OR CORRESPONDCE SCHOOL					

FORMER EMPLOYERS-list most recent first

1.	Name	Address		
	Phone	Starting Date	End Date	
	Weekly Starting Wage	Weekly Final Wage		
	Job Title	Supervisor Name & Title		
	Description of Work			
	Reason for Leaving			
2.	Name	Address		
	Phone	Starting Date	End Date	
	Weekly Starting Wage	Weekly Final W	age	
	Job Title	Supervisor Name & Title		
	Description of Work			
	Reason for Leaving			
3.	Name	Address		
	Phone	Starting Date	End Date	
	Weekly Starting Wage	Weekly Final W	age	
	Job Title	Supervisor Name & Title		
	Description of Work			
	Reason for Leaving			
GEN	ERAL			
Mach	nines Used			
Spec	ial Training			
Spec	ial Skills			
	ial Interests			
Whv	would you do well in this position			

REFERENCES-list three persons not related to you whom you have known for at least one year

Name	Address	Occupation	Phone
1.			
2.			
3.			

AUTHORIZATION

I certify that the information contained in this application (and accompanying resume, if applicable) is correct and I have not omitted any information. I understand that falsification or omission of information my disqualify myself from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I agree to abide by and conform to the City's rules and regulations. I understand that my employment can be terminated with or without cause, at any time at the discretion of the city or myself.

Signature	Date	
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