

CITY OF TENNILLE

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. Applicants may be tested for illegal drugs.

GENERAL INFORMATION (Please print)

Date: _____

| | | | |
|---------------------------|---------|--|--------------------------------|
| Name (Last) | (First) | (Middle Initial) | Home Telephone () - |
| Address (Mailing Address) | (City) | (State) | (Zip) Other Telephone () - |
| E-Mail Address | | Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

POSITION

| | | |
|---|--|---|
| Position Or Type Of Employment Desired | Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary | Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating |
| Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Salary Desired | Date Available | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? Yes No

If no, list the highest grade completed

College, Business School, Military (Most recent first)

| Name and Location | Dates Attended Month/Year | Credits Earned | | Graduate | Degree & Year | Major or Subject |
|-------------------|------------------------------|-----------------------------|-----------------|------------------------------|---------------|------------------|
| | | Quarterly or Semester Hours | Other (Specify) | | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |
| | From | | | <input type="checkbox"/> Yes | | |
| | To | | | <input type="checkbox"/> No | | |

| | | | |
|---|--------|--------------|-----------------|
| Occupational License, Certificate or Registration | Number | Where Issued | Expiration Date |
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Languages Read, Written or Spoken Fluently Other Than English

VETERAN INFORMATION (Most recent)

| | | |
|-------------------|---------------|-------------------|
| Branch of Service | Date of Entry | Date of Discharge |
|-------------------|---------------|-------------------|

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

| | | |
|---|-----------------------------|--------------------|
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 1000 characters) | | Hours Per Week |
| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |
| Employer | Telephone Number () - | From (Month/Year) |
| Address | | |
| Job Title | Number Employees Supervised | To (Month/Year) |
| Specific Duties (Maximum 1000 characters) | | Hours Per Week |
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| | | Last Salary |
| | | Supervisor |
| | | Reason For Leaving |

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ Date _____

Interviewer's Comments:

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