

City of Wabasso

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Employment Application

		Applicant	Intorma	ation			
Full Name:					Date:		
	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email				
Date Availal	ble: So	ocial Security No.:				d Salary: <u>\$</u>	
Position App	olied for:						
Driver's Lice	ense Number:		State:_			Exp. Date	
Are you a ci	tizen of the United States?	YES NO	If no, a	ire you	authorized to w	YES ork in the U.S.?	NO
Have you ev	ver worked for the city?	YES NO	If yes,	when?_			
-		Edu	cation				
High School	l:						
	To:		YES	NO			
College:		Address	s:				
	To:		YES	NO	Degree:		
Other:		Address	s:				
From:		Did you graduate	YES	NO	Degree:		

References Please list three professional nonrelated references. Relationship: Full Name: Phone: Company: Address: Full Name: Relationship: Phone: Company: Address: Full Name: Relationship: Company: Phone: Address: Previous Employment Phone: Company: Address: Supervisor:____ Job Title: Responsibilities: _____ To: Reason for Leaving: From: YES NO May we contact your previous supervisor for a reference? Company: Phone: ____ Supervisor:____ Address: Job Title: Responsibilities: From: To: Reason for Leaving: YES NO May we contact your previous supervisor for a reference? Phone: Company: Address: Supervisor: Job Title:

Responsibilities:								
From: To:	Reason for Leaving:							
May we contact your previous supervisor for a reference?	YES	NO						
Military Service								
Branch:	_	From:	To:					
Rank at Discharge:	Type of Discharge:							
If other than honorable, explain:								
Disclaimer and Signature								
I certify that my answers are true and complete to the best of my knowledge.								
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.								
Signature:	Date:							