

CITY of IRON RIVER

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Name: _____
Last First Middle (Maiden)

Present Address _____
Number Street City State Zip

Telephone # _____ Cell Phone # _____

Position Applied For: _____ Salary Desired: _____

Employment Desired: Full Time Part Time Full or Part Time Seasonal

Are you legally entitled to work in the United States Yes No Date Available? _____
 ?*****

EDUCATION

<u>Name of School</u>	<u>Address</u>	<u>Number of Years Completed</u>	<u>Major & Degree</u>
High School			
College			
Post Graduate			

Do you have any Occupational Licenses, Certificates, or Registrations? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, explain number of conviction(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.

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No DO YOU HAVE A CDL LICENSE? Yes No
 HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD Yes No
 DO YOU SPEAK ANOTHER LANGUAGE BESIDES ENGLISH? Yes No If so, which? _____

WORK EXPERIENCE: Please list your work experience for the past 5 years beginning with your most recent job held.

Name of Employer: _____ Employment Dates: _____

Address: _____ City, State & Zip: _____

Phone Number: _____ Supervisor's Name: _____

Reason for Leaving: _____

Last rate of pay or salary? _____

Name of Employer: _____ Employment Dates: _____

Address: _____ City, State & Zip: _____

Phone Number: _____ Supervisor's Name: _____

Reason for Leaving: _____

Last rate of pay or salary? _____

Name of Employer: _____ Employment Dates: _____

Address: _____ City, State & Zip: _____

Phone Number: _____ Supervisor's Name: _____

Reason for Leaving: _____

Last rate of pay or salary? _____

MAY WE CONTACT YOUR PREVIOUS SUPERVISORS FOR A REFERENCE? _____ YES _____ NO

DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS FOR EMPLOYMENT? _____ YES _____ NO

If so, what? _____

Please list two (2) references.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

EMERGENCY CONTACT PERSON (name) _____

ADDRESS _____

PHONE _____ **CELL** _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, CORRECT, AND COMPLETE.

Signature

Date

04.16.2016