

CITY OF KERENS

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

DATE: _____

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER? YES NO

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

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, CAN WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS CITY BEFORE? _____ WHEN? _____

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	# YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR OTHER				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

SPECIAL SKILLS OR EQUIPMENT YOU CAN OPERATE: _____

ACTIVITIES OR HOBBIES: _____

Exclude organizations the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? YES NO

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

NAME	ADDRESS	BUSINESS	PHONE	# YEARS ACQUAINTED

IN CASE OF EMERGENCY NOTIFY: _____

NAME ADDRESS PHONE# RELATIONSHIP

EMPLOYMENT HISTORY

LIST YOUR LAST THREE EMPLOYERS, STARTING WITH THE LAST ONE, OR ATTACH A RESUME

POSITION HELD:	<u>IMMEDIATE SUPERVISOR</u>	FULL-TIME <input type="checkbox"/>
EMPLOYER:	NAME:	PART-TIME <input type="checkbox"/>
MAILING ADDRESS:	TITLE:	SEASONAL <input type="checkbox"/>
CITY, STATE ZIP:	SALARY:	TEMPORARY <input type="checkbox"/>
PHONE NUMBER:		AVG. # OF HOURS WORKED PER WEEK:
STARTING DATE: LEAVING DATE:	IF SUPERVISORY, # OF EMPLOYEES YOU SUPERVISED:	
SUMMARY OF EXPERIENCE:		
SPECIFIC REASON FOR LEAVING:		
POSITION HELD:	<u>IMMEDIATE SUPERVISOR</u>	FULL-TIME <input type="checkbox"/>
EMPLOYER:	NAME:	PART-TIME <input type="checkbox"/>
MAILING ADDRESS:	TITLE:	SEASONAL <input type="checkbox"/>
CITY, STATE ZIP:	SALARY:	TEMPORARY <input type="checkbox"/>
PHONE NUMBER:		AVG. # OF HOURS WORKED PER WEEK:
STARTING DATE: LEAVING DATE:	IF SUPERVISORY, # OF EMPLOYEES YOU SUPERVISED:	
SUMMARY OF EXPERIENCE:		
SPECIFIC REASON FOR LEAVING:		
POSITION HELD:	<u>IMMEDIATE SUPERVISOR</u>	FULL-TIME <input type="checkbox"/>
EMPLOYER:	NAME:	PART-TIME <input type="checkbox"/>
MAILING ADDRESS:	TITLE:	SEASONAL <input type="checkbox"/>
CITY, STATE ZIP:	SALARY:	TEMPORARY <input type="checkbox"/>
PHONE NUMBER:		AVG. # OF HOURS WORKED PER WEEK:
STARTING DATE: LEAVING DATE:	IF SUPERVISORY, # OF EMPLOYEES YOU SUPERVISED:	
SUMMARY OF EXPERIENCE:		
SPECIFIC REASON FOR LEAVING:		

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 pertinent information they may have, and release all parties from all liability

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 and without cause.

DATE:

SIGNATURE:
