

# APPLICATION FOR EMPLOYMENT



APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Street Address							Apartment/Unit #				
City				State				Zip			
Phone				Previous Address							
Cell				E-mail Address							
Date available to start											
Have you ever worked for the City of St. Clairsville?	YES	NO	If so, when?								
Are you a citizen of the United States and/or authorized to work in the U.S.?	YES	NO									
EDUCATION											
High School				Address							
Did you graduate?	YES	NO									
College				Address							
Did you graduate?	YES	NO	Degree								
Other				Address							
Did you graduate?	YES	NO	Degree								
REFERENCES											
<i>Please list three <b>professional</b> references.</i>											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

<b>PREVIOUS EMPLOYMENT</b>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

**DISCLAIMER AND SIGNATURE**

I authorize investigation of all information contained in this application, and I authorize the individuals listed as references to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from liability for any damages that may arise as a result of the investigation of the information I have provided.

Signature \_\_\_\_\_ Date \_\_\_\_\_