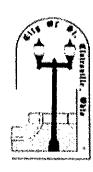
APPLICATION FOR EMPLOYMENT



APPLIC	ANT INF	ORMATI	ON									
Last Name				First				M.I.		Date		
Street Ad	idress					Apartment/Unit #						
City				State	State			Zip				
Phone				Previou	Previous Address							
Cell				E-mail	E-mail Address					-,		
Date ava	ilable to sta	nt			•						-	
Have you ever worked for the City of St. Clairsville? YES				NO	If so, when?							
Are you a	a citizen of	the United	States and/	or authorized	d to work in	the U.S.?		YES		NO		• .
EDUCA	TION				•						<u> </u>	
High Sch	ool				Address							
Did you o	graduate?	YES	NO									_
College			•		Address							_
Did you g	graduate?	YES	NO	Degree								•
Other		•		, 1 ,	Address							
Did you	graduate?	YES	NO	Degree		<u> </u>						
REFERI	ENCES			<u> </u>	<u> </u>		- 1	1.5			1 1 2	and the second
Please li	ist three p	rofessio	nal referer	ices.					•	÷		
Full Nam	ie					Re	lation	ship			<u> </u>	
Company	у			1		Pho	one	•				
Address						<u> </u>						-,-
Full Nam	ie					Rel	lation	ship				
Company	у					Pho	one				,	
Address			*									
Full Nam	ne					Re	lation	ship	-		<u>_</u>	
Company	у		•			Pho	one	·				- ·
Address						_		I				

PREVIOUS EMPLOYMENT										
Company	Phone									
Address	Supervisor									
Job Title	\$	Ending Salary \$								
Responsibilities										
From To Reason for Leaving										
May we contact your previous supervisor for a reference										
Company	Phone									
Address	Supervisor									
Job Title	Starting Salary	\$	Ending Salary \$							
Responsibilities										
rom 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										
MILITARY SERVICE										
Branch 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										