

14. Education Have you passed a GED test yes no If yes, give date: _____

Circle highest level of education attained. GED HS BS MS

NAME AND LOCATION OF ALL SCHOOLS ATTENDED INCLUDE HIGH SCHOOL, TECHNICAL, MILITARY, COLLEGE, ETC.	DATE ATTENDED	MAJOR COURSEWORK	DEGREES OF CERTIFICATE
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		

15. List any licenses, certificates, permits, or special skills you may have. Describe other experiences, skills, or qualifications which are applicable.

16. Experience

Begin with your current or most recent job.
List all jobs, including military service, along with periods of unemployment.
Be sure to describe the work you did fully and make note of any promotions you received.
Attach additional pages if necessary.

DATES	EMPLOYER		DUTIES
From (month & year)	Name of Employer		Your Title
To (month & year)	Address		Duties
Total months worked	City/State		
<input type="checkbox"/> Yes Full Time <input type="checkbox"/> No			
Beginning Salary	Supervisor's Name		
Ending Salary	Telephone	Reason for Leaving	<input type="checkbox"/> Yes May we contact <input type="checkbox"/> No

DATES	EMPLOYER		DUTIES
From (month & year)	Name of Employer		Your Title
To (month & year)	Address		Duties
Total Months Worked	City/State		-----
<input type="checkbox"/> Yes Full Time <input type="checkbox"/> No			-----

Beginning Salary	Supervisor's Name		-----
Ending Salary	Telephone	Reason for Leaving	<input type="checkbox"/> Yes May we contact <input type="checkbox"/> No

DATES	EMPLOYER		DUTIES
From (month & year)	Name of Employer		Your Title
To (month & year)	Address		Duties
Total Months Worked	City/State		-----
<input type="checkbox"/> Yes Full Time <input type="checkbox"/> No			-----

Beginning Salary	Supervisor's Name		-----
Ending Salary	Telephone	Reason for Leaving	<input type="checkbox"/> Yes May we contact <input type="checkbox"/> No

DATES	EMPLOYER		DUTIES
From (month & year)	Name of Employer		Your Title
To (month & year)	Address		Duties
Total Months Worked	City/State		-----
<input type="checkbox"/> Yes Full Time <input type="checkbox"/> No			-----

Beginning Salary	Supervisor's Name		-----
Ending Salary	Telephone	Reason for Leaving	<input type="checkbox"/> Yes May we contact <input type="checkbox"/> No

DATES	EMPLOYER		DUTIES
From (month & year)	Name of Employer		Your Title
To (month & year)	Address		Duties
Total Months Worked	City/State		-----
<input type="checkbox"/> Yes Full Time <input type="checkbox"/> No			-----

Beginning Salary	Supervisor's Name		-----
Ending Salary	Telephone	Reason for Leaving	<input type="checkbox"/> Yes May we contact <input type="checkbox"/> No

17. Other Information:

18. Personal References:

List three persons who have knowledge of your character or abilities.
Do not include relatives or former supervisors.

NAME	ADDRESS	BUSINESS OR OCCUPATION
1. Telephone:		
2. Telephone:		
3. Telephone:		

19. Certification

I hereby certify that the answers given by me to the foregoing questions and statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I hereby release said organizations or persons from any liability or damages whatsoever. I also authorize a background investigation to be carried out, to include a City sponsored lie detector test.

I understand that as a condition of employment, I will be required to pass an employment physical (including drug screen) and any future physical examination required by the City. I understand that such employment is subject to the policies of the City and the passing of any required written, physical agility, or skill examination. It is understood that the use of this form does not indicate that there are any position openings, and does not in any way obligate the City.

SIGNED _____ DATE _____