

CITY OF MORNING SUN

APPLICATION FOR EMPLOYMENT

DATE			
POSITION APPLIED FOR	DATE OF BIRTH	TELEPHONE NUMBER (INCLUDE AREA CODE)	
NAME (LAST, FIRST AND MIDDLE INITIAL)	ARE YOU A U S CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS (INCLUDE STREET, CITY, STATE AND ZIP CODE)	HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME(S) WHICH THIS CITY WILL REQUIRE TO VERIFY ANY OF THE INFORMATION IN THIS APPLICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE NAME(S) AND IDENTIFY RELATED SCHOOL, EMPLOYER, ETC.		

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED 6 7 8 9 10 11 12 GED	NAME AND LOCATION OF HIGH SCHOOL	LIST SUBJECT STUDIED AND DEGREES RECEIVED (MAJOR - MINOR)
COLLEGE 1 2 3 4 5 6	NAME AND LOCATION OF COLLEGE	
HAVE YOU RECEIVED ANY ADDITIONAL TRAINING - WORK SHOP, SHORT COURSES, VOLUNTEER WORK, ETC? (USE BACK OF THIS FORM IF NECESSARY.)	DO YOU HAVE ANY OTHER EXPERIENCE OR QUALIFICATIONS NOT LISTED WHICH RELATE TO THE JOB APPLIED FOR? LIST ANY OFFICE EQUIPMENT YOU CAN OPERATE?	

Begin with most recent job and list longest or most important job held. Please fill out this section carefully and completely.

EMPLOYMENT HISTORY

COMPANY NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS (CITY, STATE AND ZIP CODE)	REASON FOR LEAVING			DESCRIBE JOB DUTIES, TOOLS OR MACHINE USED
COMPANY NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS (CITY, STATE AND ZIP CODE)	REASON FOR LEAVING			DESCRIBE JOB DUTIES, TOOLS OR MACHINE USED
COMPANY NAME OR BRANCH OF MILITARY	DATE STARTED	DATE LEFT	RATE OF PAY	JOB TITLE
COMPANY ADDRESS (CITY, STATE AND ZIP CODE)	REASON FOR LEAVING			DESCRIBE JOB DUTIES, TOOLS OR MACHINE USED

May we contact your present Employer? YES NO Former Employers? YES NO

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

SIGNATURE: _____

DATE: _____