EMPLOYMENT APPLICATION FORM

PLEASE COMPLETE ALL INFORMATION REQUESTED IN PRINT (PAGES 1-5), EXCEPT SIGNATURE

Date:

Name:

Last First Middle Maiden

Present Address:

Number Street City State Zip

How Long at Current Address:

Telephone:

If under 18, please list age:

Position Applied For:

Salary Desired:

When available for work?

Ever applied to this company before? Where? When

EDUCATION & OTHER INFORMATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime? ❑ No ❑ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? ❑ Yes ❑ No

Driver's License Number: **State of issue:** ❑ **Operator** ❑ **Commercial (CDL)** ❑ **Chauffeur**

Expiration Date:

Have you had any accidents during the past three years? **How many?**

Have you had any moving violations during the past three years? **How Many?**

Please list two references other than relatives or previous employers.

Name:	**Name:**
Position:	**Position:**
Company:	**Company:**
Address:	**Address:**
Telephone:	**Telephone:**

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the armed forces? ❑ Yes ❑ No

Are you now a member of the national guard? ❑ Yes ❑ No

Specialty:	**Date Entered:**	**Discharge Date:**

WORK EXPERIENCE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

JOB ONE

Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
		From:	Start:
Complete Address:		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

JOB TWO

Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
		From:	Start:
Complete Address:		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

JOB THREE			
Name of Employer:	**Name of Last Supervisor:**	**Employment Dates**	**Salary**
Complete Address:		**From:**	**Start:**
		To:	**Final:**
Phone Number:	**Your Last Job Title:**		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? ❑ Yes ❑ No			

APPLICATION FORM SIGNATURE	
Signature of Applicant	**Date:**
The City of Newaygo is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.	
Thank you for completing this application form and for your interest in our company.	

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POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height: ft. in.	**Weight:**	**Birth Date:**
Married ❑ Yes ❑ No **If Married, How Long?** ❑ Single ❑ Separated ❑Divorced ❑Widowed		
Full Name of Spouse:	**Spouse Occupation:**	
Name of Company:	**Telephone:**	

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name:	**Telephone:**
Address:	**Relationship:**

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

Name:	Relationship:	Birth Date:	SSN:

TO BE COMPLETED BY EMPLOYER

Date of Employment:	**Job Title:**	**Dept.:**
Location:	**Rate of Pay:**	❑ Full-time ❑ Part-time ❑ Salaried
Applicant's signature acknowledging above information:		
Drug Test Confirmation Number:		
Name of Person Verifying Information:		
Name of Person Authorizing Employment:		