



**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

LIST ANY OTHER NAMES PREVIOUSLY USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET OR P.O. BOX CITY STATE ZIP

PHONE NO: \_\_\_\_\_ REFERRED BY \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ (Police Officers or Firefighters only)  
The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years but less than 65 years of age.

**EMPLOYMENT DESIRED**

POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ SALARY DESIRED: \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ MAY WE CONTACT YOUR PRESENT EMPLOYER: \_\_\_\_\_

EVER WORKED OR APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHEN: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

**EDUCATION**

NAME/LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED
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GRAMMAR SCHOOL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

COLLEGE \_\_\_\_\_

TRADE/BUSINESS SCHOOL \_\_\_\_\_

DEGREE OBTAINED: \_\_\_\_\_

WHAT FOREIGN LANGUAGES DO YOU SPEAK AND/OR WRITE FLUENTLY? \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE: \_\_\_\_\_ RANK: \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: \_\_\_\_\_

**FORMER EMPLOYERS** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE/MONTH/YEAR	NAME/ADDRESS	SALARY	POSITION	REASON FOR LEAVING
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____
FROM: _____ TO: _____	_____	_____	_____	_____

**REFERENCES** (LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PHYSICAL RECORD:** (Do you have any physical effects that preclude you from performing any work for which you are being considered for? \_\_\_\_\_)

WERE YOU EVER INJURED? \_\_\_\_\_ GIVE DETAILS: \_\_\_\_\_

HAVE YOU ANY DEFECTS IN HEARING? \_\_\_\_\_ IN VISION? \_\_\_\_\_ IN SPEECH? \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY: \_\_\_\_\_  
NAME PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*The City of Grove is committed to making the application, interview and pre-employment testing process accessible to persons with disabilities. If you wish to volunteer information regarding any special assistance you may need, please notify the Human Resources Director.*