

CITY OF HOLSTEIN

Employment Application

An Equal Opportunity Employer/Program



APPLICANT INFORMATION - PRINT NEATLY AND COMPLETE ALL BLANKS												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Email				Cell Phone		Home Phone						
Date you can start			Social Security No.			Desired Wage						
Position Applied for												
Are you 18 years or older?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally able to work in the U.S.?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a military Veteran?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Dates of Active Duty							
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION												
High School			Address									
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, do you have a GED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College			Address									
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address									
From		To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES												
Please list three professional references (employers or business associates)												
Full Name					Relationship							
Company					Phone ()							
Address												
Full Name					Relationship							
Company					Phone ()							
Address												
Full Name					Relationship							
Company					Phone ()							
Address												

PREVIOUS EMPLOYMENT									
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			
					<input type="checkbox"/>	<input type="checkbox"/>			
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			
					<input type="checkbox"/>	<input type="checkbox"/>			
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			
					<input type="checkbox"/>	<input type="checkbox"/>			
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			
					<input type="checkbox"/>	<input type="checkbox"/>			
DISCLAIMER AND SIGNATURE									
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>I understand that an offer of employment is contingent on good results from a background check, references and drug test.</p>									
Signature						Date			