

City of Osceola



APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name <i>First Middle</i>			Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Position _____			
	Position Desired (List All) Beautification Specialist			Pay Expected \$9.00/hr
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College / University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business / Trade / Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary					

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

TURN PAGE OVER TO COMPLETE APPLICATION

EMPLOYMENT HISTORY

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

<i>Company Name or Branch of Military</i>	<i>Date Started</i>	<i>Date Left</i>	<i>Rate of Pay</i>	<i>Job Title</i>
<i>Company Address (City, State, Zip)</i>	<i>Reason For Leaving</i>			<i>Describe Job Duties, Tools or Machines Used</i>

<i>Company Name or Branch of Military</i>	<i>Date Started</i>	<i>Date Left</i>	<i>Rate of Pay</i>	<i>Job Title</i>
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<i>Company Address (City, State, Zip)</i>	<i>Reason For Leaving</i>			<i>Describe Job Duties, Tools or Machines Used</i>

May we contact your present employer? Yes No

Former Employers? Yes No

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

	Name & Phone Number	Business	Years Known
1			
2			
3			

I hereby authorize the City of Osceola to perform a background check. I understand that misrepresentation or omission of facts is cause for dismissal.

Signature of Applicant: _____ **Date:** _____