

Employment Application

		Applicant	Informa	ation						
Full Name:						Date:				
	Last	First			M.I.					
Address:	Street Address					Apart	tment/Unit #			
	City				State	ZIP C	Code			
Phone:			Email							
Date Availal	ole: Social Security No.:					Desired Salary:\$				
Position App	olied for:									
Are you a ci	tizen of the United States?	YES NO VES NO	If no, a	are you a	authorized to	o work in the U.S	YES S.? □	NO		
Have you ev	er worked for this company		If yes,	when?_						
YES NO Have you ever been convicted of a felony?										
If yes, expla	in:									
		Educ	cation							
High School	:	Address	<u> </u>							
From:	To:	Did you graduate?	YES P 🔲	NO	Diploma:_					
College:		Address	<u> </u>							
From:	То:	Did you graduate?	YES 🗆	NO	Degree:_					
Other:		Address	:							
From:	To:	Did you graduate?	YES	NO	Degree:_					
References										
Please list t	hree professional referen	ces.								
Full Name:					Relat	ionship:				
Company: Address:						Phone:				
Full Name:					Relat	ionship:				
Company:						Phone:				

Address:						
			D .			
	Previous E	mployme	ent			
Addroso:				Phone:Supervisor:		
Job Title:	Starting S		Ending Salary:\$			
Responsibilities:						
From:	To:	or Leaving:_				
May we contact your pre	vious supervisor for a reference?	YES	NO			
Address.				Phone:Supervisor:		
	Storting S			Ending Salary:\$		
		-				
	vious supervisor for a reference?	YES	or Leaving:_ NO □			
				Phone:Supervisor:		
	Starting Salary: <u>\$</u>			Ending Salary:		
Responsibilities:						
From:	To:	Reason fo	or Leaving:_			
May we contact your pre	vious supervisor for a reference?	YES	NO			
	Military	Service				
Branch:			From:_	To:		
Rank at Discharge:		Type of	Discharge:			

If other than honorable, explain:					
Disclaimer and	Signature				
	U				
I certify that my answers are true and complete to the best of	of my knowledge.				
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature:	Date:				

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