## **City of Blairsville**

## **Employment Application**

			Арр	olicant	t Informat	ion						
Full Name:							Date:					
Address:	Last First					М.І.						
Addrood.	Street Address						Apartment/Unit #					
	City						Sta	ate	ZIP Co	ode		
Phone: (	)			E-n	nail Addre	SS:						
Date Availab	ailable: Social Security No.: Desired Salary: \$											
Position App	lied for:											
Are you a citizen of the United States?					If no, are you authorized to work in the U.S.?							
Have you ever worked for this company?					If yes, when?							
Have you ev	Have you ever been convicted of a felony?											
lf yes, explai	n:											
				Edu	ucation							
High School			Ac	ddress								
From:	To:	Di	d you gra		YES	NO	Degree:					
College:	10.			ddress			Degree.					
From:	To:	Di			YES	NO	Dograa					
	10.	Di	d you gra				Degree:					
Other:	_			ddress	YES	NO	_					
From:	To:	Di	d you gra		erences		Degree:					
Please list t	hree references.											
Full Name:					Relations	ship:						
Company:							Phone:	(	)			
Address:												
Full Name:	me: R				Relations	elationship:						
Company:					Phone: ()							
Address:												
Full Name:	: Relatio					ship:						
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 p	previous supervisor for	r a reference?		NO						
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?										
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Ending	Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your p	previous supervisor for	r a reference?		NO						
		Certification	າຣ							
Please provide your l	license numbers, if a <sub>l</sub>	oplicable. Your intervie	wer	will request a co	ppy of you	ır certific	ate.			
Police Officers' Certification Number:										
Water Treatment Operators' Class License:										
Wastewater Treatment Operator's Class License:										
		Military Serv	ice							
Branch:				From:		To:				
Rank at Discharge: Ty				ype of Discharge:						
If other than honorable, explain:										
		Disclaimer and Si	gna	ture						
I certify that my answers are true and complete to the best 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.

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