## **City of Blairsville**

## **Employment Application**

			Ар	plican	t Informa	tion						
Full Name:				Date:								
Address:	Last First					М.І.						
	Street Address						Apartment/Unit #					
	City						Sta	ate	ZIP C	ode		
Phone: (	)			E-r	nail Addre	SS:						
Date Available: Social Security No.: Desired Salary: \$												
Position Applied for:												
Are you a citizen of the United States?					If no, are you authorized to work in the U.S.? $\square$							
Have you ever worked for this company?												
Have you ev	er been con	victed of a felony	? 🗌									
lf yes, explai	in:											
				Edu	ucation							
High School	:		А	ddress	:							
From:		0:	Did you gra		YES		Degree:					
College:				ddress			0					
From:	т	0:	Did you gra		YES		Degree:					
Other:				ddress		_	0					
From:	т	0:	Did you gra		YES		Degree:					
			,e.,e		erences							
Please list t	hree referer	nces.										
Full Name:					Relations	ship:						
Company:						·	Phone:	(	)			
Address:												
Full Name:					Relations	ship:						
Company:					Phone: ( )							
Address:												
Full Name:	ne: Relati					ship:						
Company:	Company:				Phone: ()							
Address:												

Previous Employment										
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endi	ing Salary:	\$			
Responsibilities:										
From:	То:	Reason for Leaving:								
May we contact your p	revious supervisor for	a reference?								
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endi	ing Salary:	\$			
Responsibilities:										
From:	To:	Reason for Leaving:								
May we contact your previous supervisor for a reference?										
Company:				Phone:	(	)				
Address:				Supervisor:						
Job Title:		Starting Salary:	\$		Endi	ing Salary:	\$			
Responsibilities:										
From:	To:	Reason for Leaving:								
May we contact your p	revious supervisor for	a reference?								
		Certification	າຣ							
Please provide your license numbers, if applicable. Your interviewer will request a copy of your certificate.										
Police Officers' Certification Number:										
Water Treatment Operators' Class License:										
Wastewater Treatment Operator's Class License:										
		Military Serv	ice							
Branch:				From:		To:				
Rank at Discharge:	/pe c	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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