

City of Flatonia
Application for Employment
(Please type or print)

Position Applying For _____

Hours of Work Desired Full Time _____ Part Time _____ Temporary _____

PERSONAL INFORMATION

Name _____ Date _____

Address (mailing & physical) _____

City _____ State _____ Zip _____ Phone _____

Date of Birth _____ Driver's License # _____ Social Sec. # _____

Name and phone number(s) of person to be notified in case of emergency or accident: _____

List the name of relatives that currently work for the City of Flatonia (if any): _____

Have you ever been convicted of a crime? _____ Do not include minor traffic violations. If yes, describe in full. _____

Do you have any physical defects that would require special assistance to perform the duties associated with your employment? _____ If yes, please describe: _____

RECORD OF EDUCATION

School	Name & City	Course of Study	Years Attended	Did You Graduate?	Diploma/Degree
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Trade	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

RECORD OF EMPLOYMENT

Beginning with your present or last employer, list your previous positions and employers. Explain any gaps in employment.

Employer's Name Address Telephone Number	From	To	Start Wage	End Wage	Supervisor

Describe in detail the work you performed _____

Reason for leaving: _____ May we contact? _____

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| Employer's Name<br>Address<br>Telephone Number | From | To | Start<br>Wage | End<br>Wage | Supervisor |
|------------------------------------------------|------|----|---------------|-------------|------------|
| _____                                          |      |    |               |             |            |
| _____                                          |      |    |               |             |            |
| _____                                          |      |    |               |             |            |

Describe in detail the work you performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact? \_\_\_\_\_

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Employer's Name Address Telephone Number	From	To	Start Wage	End Wage	Supervisor

Describe in detail the work you performed _____

Reason for leaving: _____ May we contact? _____