



EMPLOYMENT APPLICATION

DATE: _____ POSITION DESIRED: _____

Name: _____

Last

First

Middle

Address: _____

Street number

Name

City

ST

Zip Code

Maiden Name: _____

Cell Phone: _____ Other Phone: _____

Marital Status: Single Married Divorced Date of Birth: _____

Are you legally allowed to work in the United States: YES NO

If not, why: _____

Driver's License: State: _____ Number: _____

Social Security Number: _____

Are you related to anyone who is employed by the City of Seven Points: YES NO

If yes, name(s) of relative: _____

Are you a veteran: YES NO If yes, what branch: _____

Are you presently a member of the Military Reserve: YES NO

Why do you wish to become an employee of the City of Seven Points: _____

EDUCATION AND TRAINING

High School Address	Diploma/GED:	Date Completed
College Address Major	Did you graduate?	Date Completed
Trade/Business School Address Program/Trade	Did you graduate?	Date Completed

TRAINING

Other Training or Skills:
Are you proficient in the use of computers?

PERSONAL REFERENCES

List five (3) people who know you well enough to give an accurate reference about you:

1) Name	Phone Number
Address	How long have you known this person?
2) Name	Phone Number
Address	How long have you known this person?
3) Name	Phone Number
Address	How long have you known this person?

EMPLOYMENT HISTORY

From	To	Ending Salary
Employer Name	Address C/S/Z	
Phone (Area code and number)	Last Position Held	
Supervisor's Phone Number	Supervisor's Name	
Reasons or circumstances for leaving		
From	To	Ending Salary
Employer Name	Address C/S/Z	
Phone (Area code and number)	Last Position Held	
Supervisor's Phone Number	Supervisor's Name	
Reasons or circumstances for leaving		
From	To	Ending Salary
Employer Name	Address C/S/Z	
Phone (Area code and number)	Last Position Held	
Supervisor's Phone Number	Supervisor's Name	
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From	To	Ending Salary
Employer Name	Address C/S/Z	
Phone (Area code and number)	Last Position Held	
Supervisor's Phone Number	Supervisor's Name	
Reasons or circumstances for leaving		
From	To	Ending Salary
Employer Name	Address C/S/Z	
Phone (Area code and number)	Last Position Held	
Supervisor's Phone Number	Supervisor's Name	
Reasons or circumstances for leaving		
From	To	Ending Salary
Employer Name	Address C/S/Z	
Phone (Area code and number)	Last Position Held	
Supervisor's Phone Number	Supervisor's Name	
Reasons or circumstances for leaving		

MISCELLANEOUS INFORMATION

Have you ever been arrested or detained for a Misdemeanor Offense greater than a Class C (Traffic Ticket)?	
Have you ever been arrested or detained for a Felony Offense?	
Have you ever been convicted of any offense greater than a Class C Misdemeanor?	
Have you ever been charged with a Class C Misdemeanor other than a traffic violation?	
Is your driver's license current and valid?	
Have you ever held a driver's license in another state? If yes, state and number:	
Have you ever had your driver's license suspended, revoked or cancelled?	

<p>Any questions answered above with "yes" needs to be explained in the area below. Any responses requiring an explanation that does not get an explanation is grounds for denial of employment:</p>

VEHICLE RESPONSIBILITY

Make and model of your present vehicle:	Registration State and Number:
Insurance Company:	Date of Expiration of Policy:
Policy Number:	Phone number for Agent:

TRAFFIC TICKETS

Offense	Date	Department
Offense	Date	Department
Offense	Date	Department
Offense	Date	Department
Offense	Date	Department
Offense	Date	Department
Offense	Date	Department

ACCIDENTS

Date	City/State	Department
Brief Description of Accident:		
Date	City/State	Department
Brief Description of Accident:		
Date	City/State	Department
Brief Description of Accident:		