

General Information

City of Clinton

Application for Employment
We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, or any other legally protected status (EOE).

Name	Date							
Home Address								
Phone	Phone Email							
Position applying for			Are you a	citizen of the United	d States Yes	No		
If no, do you have a valid Yes No work permit?	u 18 years o	or older?	Date you can start					
Have you ever been employed or applied for employment with the City?		No	If yes, when a	and what position?				
Do you have relatives employed by the City? Yes	No	If yes, Na Position	me	Relationship				
Emergency contact name and phone			Have you e of a felony	ever been convicted?	Yes	No		
Education and Training								
High School Graduate or General Education (G	GED) Tes	t passed?	Yes	No				
If no, please list the highest grade completed								
High School, College, Business School, M	lilitary (1	Most recei	nt first)					
Name and Location	Dates Attended Month/Year		Year Graduated	Degree and Y	ear Major	nr Major or Subject		
Occupational License, Certificate or Registration	Nu	Number		Where Issued	Exp	Expiration Date		
Occupational License, Certificate or Registration	te or Registration Number			Where Issued	Expiration Date			
Constant Electron, Comment of Regulation	Number				Emphation But			
Languages Read, Written or Spoken Fluently Other than I	English				-			
Veteran Information								
Branch of Service Date of Entry Date of Discharge								
Special Skills								

Employment	(most recent first))
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Dates Employed	Employer Phone Number					
Starting	Address			Hours per week		
Ending	Job Title			Number of Employees Supervised		
Specific Duties						
Reason for leaving			May	y we contact this employer?		
Dates Employed	Employer					
Starting	Address		1	Hours per week		
Ending	Job Title			Number of Employees Supervised		
Specific Duties						
Reason for leaving			May	we contact this employer?		
Dates Employed	Employer		Phone Number	Phone Number		
Starting	Address		Hours per week			
Ending	Job Title		Number of Employees Supervised			
Dagger for larving			May	we contact this employer?		
Reason for leaving			Iviay	we contact this employer:		
ineletellet.				work experience, and skills or ability		
for tr	ne position you are applying for. I Name	i e	phone	Years Acquainted		
	Name	Telephone		rears Acquamicu		
application will elim City of Clinton, and organizations named investigation of my verify the information which I have applied Signature of applica	ninate me from further consideration all my previous employers, education (with the exception provided in my employment application).	ion for employnational institutional institution ofy, educational	nent or will be ons, law enforc credentials and) to conduct or participate in an police record as may be necessary to		
Signature of applica	nt			Date		