

Shannon Hills
Application for Employment
 This application is good for only 90 days

Date _____

Personal Information

Name _____ Phone No. _____

DL# _____ Last _____ First _____ Middle _____ SSN# _____ DOB _____ Age _____

Present Address _____ Street _____ City _____ State _____ Zip _____

Rent _____ Own _____ If renting give name, address and phone number of landlord _____

Employment Desired

Position _____ Date you can start _____ Salary desired _____

Are you employed now? _____ If so may we inquire of your present employer _____

Ever applied to this company before _____ Where _____ When _____

Are any relatives employed by the City? If so, who _____

Education	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

Subjects of special study or research work _____

US Military or Naval Service _____ Rank _____ Present membership in National Guard or Reserves _____

Activities other than religious (civic, athletic, fraternal, etc.) _____

Exclude organizations. The name or character of which indicates the race, creed, color or national origin of its members.

Former Employers (List below last four employers, starting with last one first.)

Date month and year	Name and address of employer	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Phone No.	Years acquainted
1				
2				
3				

Physical Record:

List any physical defects _____

Were you ever injured? _____ Give details _____

Have you any defects in hearing? _____ In vision? _____ In speech? _____ Explain _____

In case of emergency notify _____
 Name _____ Address _____ Phone No. _____

Will you submit to a drug, alcohol and background test? Yes _____ No _____

Do you have any prior DWI or DUI? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. The City of Shannon Hills is an at will employer. This means that any City employee may terminate their employment relationship with the City, or the City may terminate their employment relationship with the employee, at any time, for any reason, with the understanding that neither has an obligation to base that decision on anything but his or her intent not to continue employment relationship. The probation period for employment is 120 working days.

Signature _____

Date _____