

**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 \_\_\_\_\_