

CITY OF RIVERDALE

Employment Application



Date:

APPLICANT INFORMATION

Last Name		First		M.I.	
Current Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Have you ever been known by any other name(s) that this company will require to verify any information on this application?					
Position Applied for			Full-Time, Part-Time, Temp or Seasonal?		
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you legally able to work in the United States?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
(for future use)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	N/A

EDUCATION

Last School attended:		Address			
Do you have a High School Diploma or GED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College		Address			
Highest degree earned:		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other Training or Skills (Office Machines Operated, Special Courses, Computer Skills, etc.)					
Area of Concentration and/or degree(s), certificates, licenses, endorsements:					

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT (LIST EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT)

Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
Start Date	End Date	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Job Title	Rate of Pay: \$	
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Are you a military Veteran? Yes or No?

If Yes, Dates of Active Duty: _____ to _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal if this application leads to employment.

I consent to having this application and any accompanying documents treated as public record. (Circle One): Yes or No

Signature _____ Date _____

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.