



CITY OF CLINTONVILLE EMPLOYMENT APPLICATION PART TIME AND TEMPORARY POSITIONS

Position(s) Applied For:				
Name:	Last	First	Middle	
Address:	Number	Street	City	State Zip
Telephone Number: Home		Mobile		College
Do you have a Valid Driver's License?		If yes, list Driver's License Number and State		
YES <input type="checkbox"/> NO <input type="checkbox"/>				
If employed and you are under 18, can you furnish a work permit? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you filed an application with the City before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, When?		
Are you employed now? If yes, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>		What date can you begin employment? I can work until: _____ (date)
Are you available: FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		Are you on a lay off and subject to recall? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Email Address:				
List three references you have known for at least two years who are not related to you & are not previous employers.				
	NAME	ADDRESS	TELEPHONE	RELATIONSHIP
1.				
2.				
3.				
EDUCATION:				
SCHOOL	NAME & LOCATION	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
ELEM.				
HIGH				
COLLEGE				
TRADE				
Special skills and qualifications:				

If you are a college student please list the dates you will be in the Clintonville area for a possible interview. Indicate the best time to call.

EMPLOYMENT EXPERIENCE Start with your most recent job.

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Finish	
Job Title	Supervisor			
Reason For Leaving				

Employer		Dates Employed:		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Start	Finish	
Job Title	Supervisor			
Reason For Leaving				

CERTIFICATIONS Please indicate if you are certified in the following areas:

First Aid	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course name:
American Red Cross/American Heart Assoc. CPR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Course Name:
American Red Cross or YMCA Lifeguard	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
American Red Cross Water Safety Instructor	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

For all those you answered yes above for, please attach a photocopy of your certification card to this application.

In Case of Emergency Notify:

Name	Address		
Telephone Number		Relationship	

I hereby authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is a cause for non-hiring/dismissal. Further, I understand and agree that my employment is only for the period of time stated in the employment agreement and regardless of the date of payment of wages and salary, may be terminated at any time for unsatisfactory performance of job responsibilities.

Signature	Date
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