

# APPLICATION FOR EMPLOYMENT

It is the policy of The City of Gretna to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND HEALTH SCREENING

**Note:** Print clearly in black or blue ink. Answer all questions. Sign and date the form.

**POSITION APPLYING FOR** \_\_\_\_\_

## PERSONAL INFORMATION

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Telephone Number	Social Security #		
Do you have a driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Drivers License Number	State		

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States:  Yes  No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?  Yes  No

If yes, please describe the crime-state nature of the crime(s), how recently such offense(s), sentence imposed, and type of rehabilitation. \_\_\_\_\_

**Note:** No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, and the surrounding circumstance and the relevance of the offense to the position applied for may, however, be considered.

**EDUCATION**

High School Name \_\_\_\_\_ High School Address \_\_\_\_\_

Did you graduate?  Yes  No Attended from \_\_\_\_\_ to \_\_\_\_\_

Special honors or awards: \_\_\_\_\_

If you did not graduate, did you receive your GED?  Yes  No

Vocational School Name \_\_\_\_\_ School Address \_\_\_\_\_

Attended from \_\_\_\_\_ to \_\_\_\_\_ Degree/Diploma earned? \_\_\_\_\_

Special honors or awards \_\_\_\_\_

College Name \_\_\_\_\_ College Address \_\_\_\_\_

Attended from \_\_\_\_\_ to \_\_\_\_\_ Degree earned? \_\_\_\_\_

Special honors or awards \_\_\_\_\_

**MILITARY**Have you ever been in the Armed Forces?  Yes  NoAre you now a member of the National Guard?  Yes  No

Specialty \_\_\_\_\_ Rank in Military \_\_\_\_\_ Total Years Served \_\_\_\_\_

**REFERENCE**

List two references other than relatives or previous employers

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Providing this information means that you give The City of Gretna permission to contact the references listed.

**WORK EXPERIENCE**

List your work experience beginning with your most recent job held. May we contact your past employers

Yes or  No

Name of employer	Name of last Supervisor	Employment Dates
Address		
Telephone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Special job related skills and qualifications from employment or other experience \_\_\_\_\_

\_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

**Days/Hours Available**

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

**APPLICANT'S ACKNOWLEDGEMENT**

I have read and understand the duties described in the job description. I am able to perform most/all duties listed.  Yes  No if no, please explain \_\_\_\_\_

I confirm that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Application Received (date) \_\_\_\_\_ Received by \_\_\_\_\_

Arrange Interview  Yes  No Comments \_\_\_\_\_

If employed, start date \_\_\_\_\_ Hourly/salary \$ \_\_\_\_\_

Department \_\_\_\_\_ Title \_\_\_\_\_