



The City of Clay

Employment Application

We are an Equal Employment Opportunity Employer

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Info: Telephone (Home) _____ (Cell) _____ (Work) _____

E-mail address: _____ Are you a citizen of the U.S.? _____

Do you voluntarily identify yourself as a veteran for reporting purposes? _____

Position applied for: _____

EDUCATION

High School: _____ Location: _____

Year Graduated: _____ Degree: _____

Business / Trade School: _____ Location: _____

Year Graduated: _____ Degree: _____

College / University: _____ Location: _____

Year Graduated: _____ Degree: _____

Graduate / Professional School: _____ Location: _____

Year Graduated: _____ Degree: _____

PREVIOUS EMPLOYMENT

(Begin with most recent employer)

Most Recent Employer:

Firm: _____ Address: _____

Dates of Employment: From: _____ to: _____ Nature of Business: _____

Position Held: _____ Supervisor: _____

Ending Salary: \$ _____ per _____ Reason for leaving: _____

Previous Employer:

Firm: _____ Address: _____

Dates of Employment: From: _____ to: _____ Nature of Business: _____

Position Held: _____ Supervisor: _____

Ending Salary: \$ _____ per _____ Reason for leaving: _____



The City of Clay
Employment Application Continued

Previous Employer:

Firm: _____ Address: _____

Dates of Employment: From: _____ to: _____ Nature of Business: _____

Position Held: _____ Supervisor: _____

Ending Salary: \$ _____ per _____ Reason for leaving: _____

Previous Employer:

Firm: _____ Address: _____

Dates of Employment: From: _____ to: _____ Nature of Business: _____

Position Held: _____ Supervisor: _____

Ending Salary: \$ _____ per _____ Reason for leaving: _____

Job Skills _____

REFERENCES

Please furnish the names and contact information of two people to whom you are not related and by whom you have not been employed.

Name: _____ Telephone Number: _____

Address: _____

Name: _____ Telephone Number: _____

Address: _____

How did you find out about this vacancy? _____

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

I authorize you to make investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given on my application or during interview(s) may result in discharge. Also, I understand that a background check, drug test, and physical will be a requirement for employment.

Applicants Signature: _____ Date: _____