

Position for which you are applying: []

Available to Start: []

Today's Date: []

Please complete this form fully using black ink or type. Applications must be received along with all required info.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Section 1 Personal Details

Last Name: [] First Name: []

Address: []

Zip code: []

Birth-Date: []

Home Telephone N°: []

Soc. Sec. # []

Daytime Telephone N°: []

Mobile Telephone N°: []

E-mail address: []

Can we contact you at work? Yes [] No []

Have you ever been employed here before? Yes [] No []

Are you legally eligible for employment in this country? Proof of US citizenship or immigration status will be required upon employment. Yes [] No []

Do you hold a full, clean driver's license? Yes [] No []

Driver's license type, number & state: []

The City of Woodruff has a Drug Free Workplace Policy. All applicants selected and offered employment by the city are required to submit to a drug screening and physical examination. If your test is positive for illegal drugs, the designated testing laboratory will conduct a second test with the same specimen. If the second test is positive, you will be denied employment with the City of Woodruff. Future consideration for employment with the city will be based upon evidence of rehabilitation and eligibility for any available job opportunity.

Section 2 Present Employment

Present Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

Zip code:

Title:

Start Date:

Salary:

Phone Number:

Supervisor:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service
(if no longer employed):

Reason for leaving
(if no longer employed):

May we contact for reference?

Yes

No

Section 3 Previous Employment

Previous Employment (most recent employer first).

Name of Employer:

Address:

Phone:

Zip code

Position Held:

Summary of duties:

Reason for leaving:

Section 3 (cont)

Previous Employment

Name of Employer:

Address:

Phone:

Zip code

Position Held:

Summary of duties:

Reason for leaving:

Name of Employer:

Address:

Phone:

Zip code

Position Held:

Summary of duties:

Reason for leaving:

Section 4

Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Section 5 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to tell us about yourself, and to explain how you will contribute to our Agency.

Continue on a separate sheet if necessary

Section 6 Criminal

Have you been convicted of a felony in the last seven years? Yes No

If yes, please give details / dates of offence(s) and sentence:

Section 7

References & Questions

Reference 1

Reference 2

Please give the names and addresses of two Personal References not related to you. If you are unable to do this, please clearly outline who your references are.

Name:

Relationship:

Work
Relationship:

Organization:

Address:

Zip code:

Phone:

Telephone N^o:

E-mail:

Name:

Relationship:

Work
Relationship:

Organization:

Address:

Zip Code:

Phone:

Telephone N^o:

E-mail:

Signature of applicant: _____ Date: _____