

**CITY OF ZILWAUKEE**

319 TITTABAWASSEE  
SAGINAW, MI 48604

FOR OFFICE USE ONLY	
Possible Work Locations	Possible Positions

**APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT PLAINLY)

**PERSONAL**

FOR OFFICE USE ONLY	
Work Location _____	Rate _____
Position _____	Date _____

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present address \_\_\_\_\_ Phone No. \_\_\_\_\_  
No. Street City State Zip

Are you legally eligible for employment in the U.S.A? \_\_\_\_\_

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and State law precludes obtaining in the pre-employment stage.) \_\_\_\_\_

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary		X	5	<input type="checkbox"/> Yes <input type="checkbox"/> No	X
			6		
			7		
			8		
High			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		
College			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		
Other (Specify)			1	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			2		
			3		
			4		

(Turn Over)

**List below present and past employment, beginning with your most recent**

I Name and Address of Company and Type of Business	From		To		Weekly Starting Pay	Weekly Last Pay	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone #								

II Name and Address of Company and Type of Business	From		To		Weekly Starting Pay	Weekly Last Pay	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone #								

III Name and Address of Company and Type of Business	From		To		Weekly Starting Pay	Weekly Last Pay	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone #								

IV Name and Address of Company and Type of Business	From		To		Weekly Starting Pay	Weekly Last Pay	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Phone #								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed \_\_\_\_\_

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

**Personal References (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone #

**Military Service Record**

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_  
 Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? \_\_\_\_\_