

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? _____