



CITY OF ST. GABRIEL APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE _____

NAME (LAST) (FIRST) (MIDDLE)			SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
EMAIL ADDRESS				
HOME PHONE NO. () ()		CELL PHONE NO. () ()		REFERRED BY
IF UNDER 18, PLEASE LIST AGE & BIRTHDATE				

EMPLOYMENT DESIRED

POSITION	START DATE	SALARY DESIRED
----------	------------	----------------

EDUCATION

1. MARK HIGHEST LEVEL COMPLETED: SOME HS <input type="checkbox"/> HS/GED <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER <input type="checkbox"/> DOCTORAL <input type="checkbox"/>					
2. LAST HIGH SCHOOL (HS)/GED SCHOOL. GIVE SCHOOL NAME, CITY, STATE, ZIP CODE, & YEAR DIPLOMA OR GED RECEIVED:					
3. COLLEGES AND UNIVERSITIES ATTENDED. DO NOT ATTACH COPY OF YOUR TRANSCRIPT UNLESS REQUESTED.			TOTAL CREDITS EARNED SEMESTER QUARTER	MAJOR(S)	DEGREE (IF ANY), YEAR RECEIVED
3A. NAME					
CITY	STATE	ZIP CODE			
3B. NAME					
CITY	STATE	ZIP CODE			
3C. NAME					
CITY	STATE	ZIP CODE			

WORK EXPERIENCE (LIST BELOW LAST 3 EMPLOYERS STARTING WITH MOST RECENT)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
JOB DUTIES:				
FROM TO				
JOB DUTIES:				
FROM TO				
JOB DUTIES:				

GENERAL INFORMATION

ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	
SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS		
U.S. MILITARY SERVICE OR VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>	BRANCH	RANK

REFERENCES GIVE BELOW THE NAMES OF 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE (MM/DD/YYYY)