

**CITY OF ST. GABRIEL (SUMMER JOB)**

**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 HS/GED ASSOCIATE BACHELOR MASTER DOCTORAL** | | | | | | |
| 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 LAST3 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 NO | ARE YOU A U.S. CITIZEN? YES NO | | |
| SUBJECTS OF SPECIAL STUDY/RESEARCH  WORK OR SPECIAL TRAINING/SKILLS | | | |
|  | | | |
| U.S. MILITARY SERVICE OR VETERAN? YES NO | | 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) |