

Application for Employment

City of Hamburg

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street Post Office Box

Previous Address _____
Street Post Office Box

Phone No. _____ Message Phone No. _____

Date of Birth _____ Sex Male Female

Marital Status _____ No. of Children _____ Citizen of U.S.A _____

Have you ever been convicted of a crime? () Yes () No () Misdemeanor () Felony
Please explain: _____

Are you related to any member of the city council or any person now employed with the
City of Hamburg? () Yes () No

Give the name, address and phone number of three persons, other than relatives, who
have knowledge of your character or work experience:

1. _____

2. _____

3. _____

Employment Desired

Position _____ Date you can start _____

Salary Desired _____ Are you employed now? _____

If so may we inquire of your present employer? () Yes () No

Can you perform the duties of the job for which you are applying? () Yes () No

List all License you hold (Drivers, CDL, etc.) 1. _____ 2. _____

Specify equipment or office machines you operate: _____

Education

Did you graduate from high school? () Yes () No Date _____

Last grade completed _____

College, Trade, Business or Correspondence School?

Previous Employment

From _____ To _____ Job Title _____

Annual Salary or Hourly Wage _____

Firm Name _____ Address _____

Name of Supervisor _____

Reason for Leaving _____

Description of Work _____

Physical Record

List any physical defects or injuries: _____

Have you any defects in hearing? _____ In vision? _____ In Speech? _____

Were you ever injured on a job? () Yes () No Give details: _____

In case of emergency notify: _____ Phone No. _____

I understand that this application is not intended to create and contractual or other legal rights. It does not alter the at-will employment status nor does it create an employment contract for any specific period of time.

I certify that I have made no willful misrepresentations in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me on my application will be investigated, with my full permission, and that any misrepresentations may cause my application to be rejected or my employment terminated.

I authorize my former employer to release to the city or its authorized representative any and all employment records and other information it may have about my employment. I understand that the information will be used for purpose of evaluating my application for employment with the city. A photocopy of this authorization shall be valid as the original.

I understand that this appointment will be at the discretion of the department head concerned, subject to the approval of the (chief administrative officer) and that this application is the property of the city and will become a part of my file if I am accepted for employment.

Signature of Applicant: _____