Application for Employment City of Gettysburg

Please Print

Personal

Name:			Date:
Address:			SS#:
City:	_ State:	Zip Code:	Number: ()
Position Desired:			
•	olease explai	in: (If you have any qu	for which you are applying? Destion as to what functions are applicable,
When would you be availa	able to begin	work?	
Are you legally eligible to (Proof of identity and eligibility will			ates? Yes [] No []
Are you over the age of 18 (If no, you may be required to prov			
Have you ever been convimprisonment within the la	ast seven yea	ars? Yes [] N	eanor which resulted in No [] If yes, please explain: (A
Have you ever worked for If yes, where?	•	ny before? Yes [] No[]
When? (Give dates)	_	Job Titl	e:
Do you have any relatives yes, who and where do th		ho work for the C	Company? Yes [] No [] If
			o [] If yes, describe: (Omit any orientation, marital status, or disabilities.)

Days and Hours Av							
Day Sur From:	nday	Monday	Tuesday	Wednesda	ay Thursday	Friday	Saturda
Го:							
Are you present Yes [] No [employeı
)o vou helona i	to any	profession	al. trade.	business o	r civic organiz		
ne position for st offices held:		•	plying? Y				
he position for the pos	(Omit a	ny which reflec	oplying? Y	, color, religion,	age, sex, sexual	orientation, ma	rital status,
he position for st offices held: isabilities.) Account for any not working:	(Omit a	ny which reflec	oplying? Y	, color, religion,	age, sex, sexual	orientation, ma	rital status,
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	with your present o	r most recent position.)		
Name of Employer		Telephone Number ()		
Full Address (Including Street, City, State, & Zip)		Supervisor's Name and Title		
Dates Er From: Month/Date/Year	mployed To: Month/Date/Year	Pay Beginning	Rate Final	
Describe the Work Perform	ned:	l		
Name of Employer		Telephone Number		
Full Address (Including Street, City, State, & Zip)		Supervisor's Name and Title		
Dates Er From: Month/Date/Year	mployed To: Month/Date/Year	Pay Beginning	Rate Final	
Describe the Work Perform	ned:	l		
Name of Employer		Telephone Number		
Full Address (Including Street, City, State, & Zip)		Supervisor's Name and Title		
Dates Employed From: Month/Date/Year To: Month/Date/Year		Pay Beginning	Rate Final	
Describe the Work Perform	ned:	1		

Use additional sheet of paper if more space is necessary.

Name:	Occupation			
Full Address (Including Street, City, State & Zip)	Telephone Number			
Name:	Occupation			
Full Address (Including Street, City, State & Zip)	Telephone Number			
religion, age, sex, except where sex is to orientation, marital status, individuals	or positions, without regard to race, color, conafide occupational qualification, sexual with disabilities, and equally to disabled ans of the Vietnam Era.			
Important, Please Read and Sign:				
I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company and its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.				
Signed:				

Personal References (Give three individuals – not relatives or employers)

Name: Occupation

Telephone Number

Full Address (Including Street, City, State & Zip)