



Please place a check by the department for which you would like to work. Indicate particular positions below.

Department(s)	Position(s)
<input type="checkbox"/> Any Department	
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Cemetery Sexton <input type="checkbox"/> Cemetery Laborer
<input type="checkbox"/> City Hall	<input type="checkbox"/> Accounting <input type="checkbox"/> Clerical/Word Processing <input type="checkbox"/> Executive Assistant <input type="checkbox"/> Utilities Billing
<input type="checkbox"/> Library	<input type="checkbox"/> Library Staff
<input type="checkbox"/> Parks & Rec	<input type="checkbox"/> Parks Laborer <input type="checkbox"/> Lifeguard - List Certifications ____ Certifications continued: ____ <input type="checkbox"/> Umpire/Referee <input type="checkbox"/> Instructor – Type ____
<input type="checkbox"/> Street Department	<input type="checkbox"/> Street Department Laborer
<input type="checkbox"/> Utilities	<input type="checkbox"/> Utilities Operator (Must have/obtain a Grade I License)
<input type="checkbox"/> Other ____	

I have special skills and/or certifications in the following: \_\_\_\_

I am experienced with the following:

- Asphalt Paver
- Backhoe
- Carpentry
- Confined Space Operations
- Dozer
- Dump Truck
- Electrical
- Loaders
- Motor Grader
- Operation of water & waste water facilities
- Straight Stick Transmission
- Tractor
- Tractor Mower
- Truck with plow

**Office Equipment**

- Accounting  
Software \_\_\_\_  
\_\_\_\_
- Computer
- Internet  Email  Website Maintenance
- Word Processing/Data Entry  
Software \_\_\_\_  
\_\_\_\_
- 10-key  
Speed spm \_\_\_\_
- Typewriter  
Wpm \_\_\_\_

For the above marked experience, please elaborate:

\_\_\_\_\_  
\_\_\_\_\_

Applicant Name: \_\_\_\_\_

**Please list the most recent position first.**

Account for all time periods by recording all of your activities, such as employment, military service, volunteering, schooling, and periods of unemployment.

**Employment Record**

Use additional paper if necessary. Be sure you answer all questions. (Current employer will be contacted only with your consent.)

**Be complete!**  
**You will be screened using the information you provide.**

A résumé can be attached.

<b>1</b>	Employer	Phone	Position Title
	Address		Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
	Reason for Leaving		
	Supervisor	Salary \$	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	Employer	Phone	Position Title
	Address		Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
	Reason for Leaving		
	Supervisor	Salary \$	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	Employer	Phone	Position Title
	Address		Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
	Reason for Leaving		
	Supervisor	Salary \$	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4</b>	Employer	Phone	Position Title
	Address		Responsibilities
	From (Mo/Yr)	To (Mo/Yr)	
	Reason for Leaving		
	Supervisor	Salary \$	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever served in the U.S. Armed Forces?  Yes  No  
If yes:

Years of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?  Yes  No  
If yes, describe: \_\_\_\_\_

<b>1</b>	Personal Reference:	Relationship:
	Address	Phone
	City	State Zip
<b>2</b>	Personal Reference:	Relationship:
	Address	Phone
	City	State Zip
<b>3</b>	Personal Reference:	Relationship:
	Address	Phone
	City	State Zip

Applicant Name: \_\_\_\_\_

