



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Telephone Number(s) _____ Email Address _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____
Proof of citizenship or immigration status will be required upon employment.

Are you 18 years or older? _____ If no, can you provide required proof of your eligibility to work? _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Are you currently employed? _____ If so, may we contact your present employer? _____

Have you ever filed an application with us before? _____ If yes, give date _____

Referred by _____

Are you related to any current City of Greenfield Employee? _____ If yes, whom _____

EDUCATION

	Name and Location of School	Course of Study	Years Completed	Did you Graduate?
Grammar School	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

General Information

Describe any specialized training, apprenticeship or skills: _____

Extra-curricular activities (civic, athletic, etc.) _____
You may exclude affiliations, which would reveal gender, race, religion, national origin, age or disability

U. S. Military/Naval Service _____ Rank _____ Present membership in National Guard or Reserves _____

(continued on other side)

EMPLOYMENT EXPERIENCE (List your last three employers starting with your present or last job)

Employer _____ Dates Employed: From _____ To _____
Address _____ Phone Number _____ Supervisor _____
Job Title _____ Salary _____ Work Performed _____
Reason for Leaving _____

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Address _____ Phone Number _____ Supervisor _____
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Dates Employed: From _____ To _____
Address _____ Phone Number _____ Supervisor _____
Job Title _____ Salary _____ Work Performed _____
Reason for Leaving _____

REFERENCES (Give the names of three persons not related to you whom you have known at least one year)

1. Name _____ Phone # () _____
2. Name _____ Phone # () _____
3. Name _____ Phone # () _____

In case of emergency, notify: _____ Phone # () _____

“I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company’s rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the forgoing.”

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

Interview by _____ Date _____

Remarks _____

Hired _____ Position _____ Department _____

Salary/Wage _____ Date of Employment _____

Approved by _____ Title _____ Date _____