



FOR OFFICE USE ONLY
Date received _____

City of Harrington
Application for Employment

Fill out this application completely and accurately in ink. All statements are subject to verification. Incorrect statements or omissions may remove you from consideration for employment. Additional pages may be attached if more space is needed.

Personal Information

Name _____
First Middle Last

Other names you have used _____

Address _____
Street

City State ZIP

Phone Number _____
Home Business Cell

Place of Birth _____
City State/Country County

Are you a citizen of the United States? Yes No

Emergency Contact _____
Name Relationship Phone Number

Have you ever been arrested for or convicted of a crime, felony or misdemeanor? Yes No

If yes, provide details including date, nature of charges, conviction, and location. _____

Do you possess a valid driver's license? Yes No _____
State Number

Do you have any points on your driver's license? Yes No Amount _____

Education History

List the schools and levels of instruction completed including high school, college, and trade schools.

Employment History

List all of the jobs that you have held, beginning with the most recent first. Attach additional pages if necessary. Include military service, if applicable.

1. _____
Employer Name _____ Position Held _____

Employer Address _____ City _____ State _____

Supervisor Name and Title _____ Salary _____
Start Date _____ End Date _____ Number of Employees Supervised _____
Duties _____
Reason for Leaving _____

2. _____
Employer Name _____ Position Held _____

Employer Address _____ City _____ State _____

Supervisor Name and Title _____ Salary _____
Start Date _____ End Date _____ Number of Employees Supervised _____
Duties _____
Reason for Leaving _____

3. _____
Employer Name _____ Position Held _____

Employer Address _____ City _____ State _____

Supervisor Name and Title _____ Salary _____
Start Date _____ End Date _____ Number of Employees Supervised _____
Duties _____
Reason for Leaving _____

4. _____
Employer Name _____ Position Held _____

Employer Address _____ City _____ State _____

Supervisor Name and Title _____ Salary _____
Start Date _____ End Date _____ Number of Employees Supervised _____
Duties _____
Reason for Leaving _____

Have you ever been discharged, terminated, or forced to resign? Yes No

If yes, provide details including the employer, date, and description of the allegations/circumstances _____

References

Fill in the names of 3 persons not related to you and who have known you for at least 5 years. All persons listed may be asked to appraise your character, ability, experience, personality, and other qualities.

1. _____
Name Years Known Phone Number

Street Address City State

Occupation Relationship

2. _____
Name Years Known Phone Number

Street Address City State

Occupation Relationship

3. _____
Name Years Known Phone Number

Street Address City State

Occupation Relationship

I hereby certify that all statements and information provided in the application are true and complete. I understand that the information provided may be verified and any misstatements or omission may subject me to disqualification or dismissal.

Signature

Date