

AN EQUAL OPPORTUNITY EMPLOYER

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military service? _____

What language(s) do you speak, read and/or write?

	FLUENTLY	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and office held. (Exclude groups which indicate race, color, religion, sex or national origin):

Give name, address and phone number of three references not related to you:

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or most recent job. Do not put "see resume" or a similar statement in the boxes; you should provide all requested information.

May we contact your current employer? Yes No

What shift do you currently work? 1st 2nd 3rd N/A

	Dates Employed		
Employer Name	From	To	Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
Supervisor	Starting	Final	
Reason for Leaving			

	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			
	Dates Employed		
	From	To	
Employer Name			Work performed
Address			
Phone			
Job Title	Hourly Rate or Annual Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Please list any other previous Employers:

Name of Employer _____ Telephone (____) _____

Name of Employer _____ Telephone (____) _____

Name of Employer _____ Telephone (____) _____

Name of Employer _____ Telephone (____) _____

EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name and Location				
Years Completed: (circle)		9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree/GED:				
Describe course of study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application: _____

Summarize special skills and qualification acquired from employment or other experience: _____

List any software and/or office equipment with which you are proficient: _____

List any specialized licenses you are qualified with or any heavy equipment you are able to operate (i.e. have CDL, etc.): _____

By signing here, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I also authorize a representative of the City of Dalton to check my references and past employers and agree to hold harmless anyone providing reference information. In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I hereby give my consent to a urine drug screen. This lab exam is performed as a condition of employment. I understand, also, that I am required to abide by all rules and regulations of the City of Dalton. I also understand that my employment is at-will and both I and/or my employer may choose to terminate my employment at any time. The City's policies do not create a property right of employment. This application may remain active for 90 days.

Signature of Applicant

Date