

## **City of Hartley**

## **Employment Application**

Applicant Information									
Full Name:					Date:				
	Last	First			М.І.				
Address:									
Address.	Street Address					Apartment/Unit #			
	City				State	ZIP Code			
Phone:			Email						
Date Availat	ole: So	cial Security No.:			Desire	ed Salary: <u>\$</u>			
Position Applied for:									
YES NO YES NO									
Are you a citizen of the United States?					work in the U.S.?				
Have you ever worked for this company?									
YES NO Have you ever been convicted of a felony?*									
If yes, explain:									
Education									
High School:  Address:									
From:	То:	Did you graduate?	YES		Diploma:				
Collogo		Addross							
College.		Address.							
From:	То:	Did you graduate?	YES		Degree:				
Other:		Address:							
From:	То:	Did you graduate?	YES	NO □	Degree:				
References									
Please list three professional references.									
Full Name:					Relatio	onship:			
Company:					F	Phone:			
Address:									

Full Name:	: Relationshi					
Company:		Phone:				
Address:						
Full Name:		Relationship:				
Componi		Phone:				
Address:						
	Previous E	mployme	ent			
Company:		Phone:				
Address:						
Job Title:	Starting S	Salary: <b>\$</b>		Ending Salary: <b>\$</b>		
Responsibilities:						
From:	То:	Reason for Leaving:				
May we contact you	r previous supervisor for a reference?	YES	NO □			
Company:				Phone:		
Job Title:	Starting Salary: <u>\$</u>			Ending Salary: <b>\$</b>		
Responsibilities:						
From:	То:			<u></u>		
May we contact you	r previous supervisor for a reference?	YES	NO □			
A dalara a a				_ Phone:		
Address:				Supervisor:		
Job Title:	Starting Salary: <b>\$</b>			Ending Salary: <u>\$</u>		
Responsibilities:						
From:	То:	Reason fo	or Leaving			
May we contact you	r previous supervisor for a reference?	YES	NO			

Military Service							
Branch:	From:	To:					
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer and Signature							
*Disclaimer: Conviction does not automatically bar candidate, depending on the job, time, nature and seriousness of the conviction and related rehabilitation.							
I certify that my answers are true and complete to the best of my knowledge.							
I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.							
Signature:	Date	:					