



For Office Use Only
App Received Date: _____
By: _____
Arrange Interview Yes or No _____
Employment start date: _____
Hourly/Salary: \$ _____

APPLICATION FOR EMPLOYMENT

It is the policy of The City of Gretna to provide equal employment opportunities to all qualified persons; without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND HEALTH SCREENING

Note: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

POSITION APPLYING FOR _____

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Telephone Number	Social Security #		
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Driver's License Number		State	

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States: Yes No

EDUCATION

High School Name _____	High School Address _____
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Attended from _____ to _____	
Special honors or awards: _____	
If you did not graduate, did you receive your GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL EDUCATION

Vocational School Name _____	School Address _____
Attended from _____ to _____ Degree/Diploma earned? _____	
Special honors or awards _____	
College Name _____	College Address _____
Attended from _____ to _____ Degree earned? _____	
Special honors or awards _____	

MILITARY

Have you ever been in the Armed Forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty _____ Rank in Military _____ Total Years Served _____

REFERENCE

List two references other than relatives or previous employers

Name _____	Name _____
Address _____	Address _____
Telephone _____	Telephone _____

Providing this information means that you give The City of Gretna permission to contact the references listed.

EMPLOYER JOB REFERENCE CONSENT

I, _____, hereby give my consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the City of Gretna.”

Applicant's Signature _____ Date: _____

WORK EXPERIENCE

List your work experience beginning with your most recent job held. May we contact your past employers Yes or No

Name of employer	Name of last Supervisor	Employment Dates
Address		
Telephone Number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

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Special job related skills and qualifications from employment or other experience _____

What date are you available to start work? _____

Days/Hours Available

Monday	_____	Hours Available	from: _____	to: _____
Tuesday	_____	Hours Available	from: _____	to: _____
Wednesday	_____	Hours Available	from: _____	to: _____
Thursday	_____	Hours Available	from: _____	to: _____
Friday	_____	Hours Available	from: _____	to: _____
Saturday	_____	Hours Available	from: _____	to: _____
Sunday	_____	Hours Available	from: _____	to: _____

APPLICANT'S ACKNOWLEDGEMENT

I have read and understand the duties described in the job description. I am able to perform most/all duties listed. Yes No If no, please explain _____

I confirm that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

In the event I am employed, I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future, if I am hired.

Signature _____ Date _____