



City of Paris

APPLICATION FOR EMPLOYMENT

Position Applying For:			Date Available:		
Name	Last Name	First Name	Middle		
Address	Street	Apt #	City	State	Zip
Home Phone #			Business/Secondary Phone #		
			If you are under the age of 18 can you furnish a work permit?	Yes	No
Have you ever been previously employed by the City of Paris?			Yes	No	If so when:
Have you any objections to the City of Paris making inquiry of your present employer regarding your character, qualifications, etc.?			Yes	No	If yes to any question, please explain on a separate sheet.
Have you ever been discharged or forced to resign?			Yes	No	
Have you ever been convicted of an offense in an adult court? A conviction will not automatically exclude you from consideration.			Yes	No	
Education	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 Circle Last Grade Completed				
Name of School		Location of School		Degree or Diploma Received	
Complete this section if you have previous military service.					
Branch of Service					
Army	Air Force	Coast Guard	Discharge Date		
Marine Corps	Navy	Other _____	Reserve Member?	Yes	No
List names, addresses, and phone numbers of three references <u>other</u> than relatives and past employers:					
Name		Address		Phone	
Valid Drivers License #			State Issued by		
Has your license ever been suspended or revoked?			Yes	No	If yes please explain on a separate sheet of paper.
POLICE AND FIRE APPLICANTS ONLY					
Are you a U.S. Citizen?		Yes	No		
Height			Weight		
	Feet	Inches		Pounds	

A drug and alcohol test will be required as a condition of employment. You will receive the policy on drug and alcohol testing upon offer of employment.

What labor skills do you have?	
--------------------------------	--

--

Additional training, scholastic honor, membership in professional organizations, etc.	
---	--

--

Can you perform all required duties of this position? See job description.	
--	--

--

EXPERIENCE

Please list below a complete statement of your work history. List your most recent employer FIRST. Be specific, as your experience rating will be based on this information.

Employer	Name and Address	Phone Number
Position Held		Name of Supervisor
Dates of Employment	From Month Year	To Month Year
Monthly Salary	From To	Reason for Leaving

Employer	Name and Address	Phone Number
Position Held		Name of Supervisor
Dates of Employment	From Month Year	To Month Year
Monthly Salary	From To	Reason for Leaving

Employer	Name and Address	Phone Number
Position Held		Name of Supervisor
Dates of Employment	From Month Year	To Month Year
Monthly Salary	From To	Reason for Leaving

CERTIFICATION

I certify that all answers and statements herein contained are true to the best of my knowledge and belief. I understand that any misstatement of material facts will subject me to disqualification or dismissal.

Applicant:	<table style="width:100%; border: none;"> <tr> <td style="border: none; width: 80%;"></td> <td style="border: none; width: 20%;"></td> </tr> <tr> <td style="border: none; padding-left: 5px;">Signature</td> <td style="border: none; padding-left: 5px;">Date</td> </tr> </table>			Signature	Date
Signature	Date				

A drug and alcohol test will be required as a condition of employment. You will receive the policy on drug and alcohol testing upon offer of employment.