



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 #		
Have you ever been previously employed by the City of Paris?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If so when:		
Have you any objections to the City of Paris making inquiry of your present employer regarding your character, qualifications, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Have you ever been discharged or forced to resign?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If you are under the age of 18 can you furnish a work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Education Enter Last Grade Complete					
Name of School	Location of School		Degree, Diploma or Certificate Received		
Complete this section if you have previous military service.					
Branch of Service					
Army <input type="checkbox"/>	Air Force <input type="checkbox"/>	Coast Guard <input type="checkbox"/>	Discharge Date		
Marine Corps <input type="checkbox"/>	Navy <input type="checkbox"/>	Other _____	Reserve Member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/>	No <input type="checkbox"/>	If yes please explain on a separate sheet of paper.		
Are you eligible to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

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.

The City of Paris is an Equal Opportunity Employer.

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. Certain positions in our organization require a background check. By signing this certification you are authorizing the City of Paris to conduct a complete background check when necessary.

Applicant:	
	Signature Date

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