City of Canadian 6 Main St. - Canadian, TX 79014 - (806)323-6473 - FAX (806)323-5398 Application for Employment

Personal Information

Name (La	ist, First Name)											
Social Sec	curity Number						•					
Present A	\ddress	City										
State					Zip Code							
Permane	nt Address			City	City							
State					Zip Code							
Phone Number					Secondary Phone Number							
Referred By												
Employment Desired												
Position		Start Date										
Salary Desired					Are you employed now?							
If so, may we inquire of your present employer						No						
Ever applied to this company before?						No						
Where					When							
Education History												
		Name & Locations of Schools	Years at	Years attended		Did you graduate						
High Scho	ool			•								
College												
Other School												
General I	nformation											
Subjects of Special Study/Research Work												
Special Training												
Special SI	kills											
				1								
<u> </u>	ary or Naval Service		Rank									
	mployers	T		T	I							
Date/Mo	nth/Year	Name & Address of Employer	Salary	Position	Reason f Leaving	or						
From												
То												
From												
То												
From												
То												

References Name Address **Business** Years Known Address **Business** Years Known Name Years Known Name Address **Business** Authorization "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, person or otherwise, and release the company for all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed b an authorized

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by Americans with Disabilities Act (ADA) and other relevant federal and state laws.

company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Date			Signature				
Office Use Only							
Date			Interviewed By				
Remarks							
Neatness			Character				
Personality			Ability				
Hired	For Dept.	Position	on		Will Report	Salary Wages	
Approved							
Employment Manager				Department Head			
General Ma	anager						