



For Office Use Only

Date Received

City of Harrington Application for Employment

Fill out this application completely and accurately in ink. All statements are subject to verification. Incorrect statements or omissions may remove you from consideration for employment. Additional pages may be attached if more space is needed.

Personal Information

Name

First

Middle

Last

Other names you have used

Street Address

City

State

ZIP

Phone Number

Home

Business

Cell

Place of Birth

City

State/Country

County

Are you a citizen of the United States? Yes No

Emergency Contact

Name

Relationship

Phone Number

Have you ever been arrested for or convicted of a crime, felony or misdemeanor? Yes No

If yes, provide details including date, nature of charges, conviction, and location.

Do you possess a valid driver's license? Yes No

State

Number

Do you have any points on your driver's license? Yes No Amount

Education History

List the schools and levels of instruction completed including high school, college, and trade schools.

Employment History

List all of the jobs that you have held, beginning with the most recent first. Attach additional pages if necessary. Include military service, if applicable.

Employer Name Position Held

Employer Address City State

Supervisor Name and Title Salary

Start Date End Date Number of Employees Supervised

Duties

Reason for Leaving

Employer Name Position Held

Employer Address City State

Supervisor Name and Title Salary

Start Date End Date Number of Employees Supervised

Duties

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Duties

Reason for Leaving

Have you ever been discharged, terminated, or forced to resign? Yes No

If yes, provide details including the employer, date, and description of the allegations/circumstances

References

Fill in the names of 3 persons not related to you and who have known you for at least 5 years. All persons listed may be asked to appraise your character, ability, experience, personality, and other qualities.

Name	Years Known	Phone Number
Street Address	City	State
Occupation	Relationship	

Name	Years Known	Phone Number
Street Address	City	State
Occupation	Relationship	

Name	Years Known	Phone Number
Street Address	City	State
Occupation	Relationship	

I hereby certify that all statements and information provided in the application are true and complete. I understand that the information provided may be verified and any misstatements or omission may subject me to disqualification or dismissal.

Signature

Date