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

Address
Street

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.

1.

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

2.

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

3.

Employer Name | Position Held

Employer Address | City | State

Supervisor Name and Title | Salary

Start Dated | End Date | Number of Employees Supervised

Duties

Reason for Leaving

4.

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

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

May we contact your current employer?

☐ Yes ☐ No ☐ Not applicable (not currently employed)

If you answered "No," please explain:

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.

1.
Name Years Known Phone Number

Street Address City State

Occupation Relationship

2.
Name Years Known Phone Number

Street Address City State

Occupation Relationship

3.
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