

APPLICATION FOR EMPLOYMENT
CITY OF MARINE ON ST. CROIX
An Equal Opportunity Employer

Date _____

PERSONAL INFORMATION

Name _____
Last First Middle

Address _____
Street or PO Box City State Zip Code

Telephone (Work) _____ (Home) _____

Are you 16 years or older? Circle one YES NO
Do you have a driver's license? YES NO

EMPLOYMENT DESIRED

Position _____ Date Available _____
Starting Wage _____

Do you wish to work (circle one) Full Time Part Time (how many hours _____)
Temporary

Have you applied to the city before? YES NO If YES, when _____

Have you worked for the city before? YES NO If YES, when _____
Reason for leaving _____

How did you hear of this position? EMPLOYEE NEWSPAPER
OTHER _____

EDUCATION
Major, Course

Name & Location

of yrs. Attended

Degree,

HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE SCHOOL OR CORRESPONDENCE SCHOOL			

FORMER EMPLOYERS-list most recent first

1. Name _____

Address _____

Phone _____ Starting Date _____

End Date _____

Starting Wage _____ Final Wage _____

Job Title _____

Supervisor Name & Title _____

Description of Work _____

Reason for Leaving _____

2. Name _____ Address _____
Phone _____ Starting Date _____
End Date _____
Starting Wage _____ Final Wage _____
Job Title _____
Supervisor Name & Title _____
Description of Work _____
Reason for Leaving _____

3. Name _____ Address _____
Phone _____ Starting Date _____
End Date _____
Starting Wage _____ Final Wage _____
Job Title _____
Supervisor Name & Title _____
Description of Work _____
Reason for Leaving _____

GENERAL

Machines Used _____

Special Training _____

Special Skills _____

Special
Interests_____

Why would you do well in this
position_____

REFERENCES-list three persons not related to you whom you have known for at least one year

Name	Address	Occupation	Phone
1.			
2.			
3.			

AUTHORIZATION

I certify that the information contained in this application (and accompanying resume, if applicable) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I authorize the schools, references and my prior employers listed above to provide my record, reason for leaving, and all other information they may have concerning me and I release all parties from any and all liability or claims for damage whatsoever that may result therefrom.

I agree to abide by and conform to the City's rules and regulations. I understand that my employment can be terminated with or without cause, at any time at the discretion of the city or myself.

Signature_____Date_____

