

Can you travel if a job requires it? Yes No

Have you been convicted of a felony in the last 7 years? Yes No

If Yes, explain: _____

Do you have any physical conditions which may limit your ability to perform the job applied for? Yes No
 (A physical examination will be required before a final consideration for employment.)

Education and Training

Circle Highest Grade Completed	Name of School	Location	Graduated
8 9 10 11 12			<input type="checkbox"/> Yes <input type="checkbox"/> No

College or Vocational School Attended	Location	Attendance From- To	Degree-Year	Major	Units Completed
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities					

List Professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, religion, sex, or national origin)	
---	--

State any additional information you feel may be helpful to us in considering your application.

Indicate languages you speak, read, and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

Employment Experience

List all positions you have held in the last ten years. Positions held prior to the last ten years should be listed if directly related to the position for which you are applying. Account for volunteer, part-time and military positions. Put your present or most recent job first. Attach a resume or additional sheets if necessary.

Employer:			Address:		Your Title:	
From:	Mo:	Year:	Supervisor's Name/ Title		Telephone No. ()	
To:	Mo:	Year:	Describe Job Duties			
Salary	Start	Highest				
Hours/ Week	No. Supervised					
Reason for leaving:						

Employer:			Address:		Your Title:	
From:	Mo:	Year:	Supervisor's Name/ Title		Telephone No. ()	
To:	Mo:	Year:	Describe Job Duties			
Salary	Start	Highest				
Hours/ Week	No. Supervised					
Reason for leaving:						

Employer:			Address:		Your Title:	
From:	Mo:	Year:	Supervisor's Name/ Title		Telephone No. ()	
To:	Mo:	Year:	Describe Job Duties			
Salary	Start	Highest				
Hours/ Week	No. Supervised					
Reason for leaving:						

References: Give name and home or business address of three persons not related to you who have knowledge of your character, work experience and ability.

Name:	Address:	Telephone No.	Business No.

Special Employment Notice to Disabled Veteran's, Vietnam Era Veteran's, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 Vietnam Era Veteran's Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to make affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment. I understand that false or misleading information given in my application or interview(s) may result in discharge. I understood, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant _____
Date

FOR CITY OF ARVIN USE ONLY	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks _____	
INTERVIEWER _____	DATE _____
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title _____	Hourly Rate/Salary _____ Department _____
By _____	
NAME & TITLE	DATE