City of Florence

APPLICATION FOR EMPLOYMENT

~ AN EQUAL OPPORTUNITY EMPLOYER ~

Applicants for Employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, gender or age.

GENERAL INFORMATION:

Position Applied For:	last four digits	s of your SSN (Optiona	al)	
Date of Birth:				
Full Legal Name:		Home Phone:		
Address:		Cell Phone:		-
City:	State:	Zip Code:		
Email Address:				
EDUCATION:				
High School Graduate		t Grade Completed:		
Please list any post high school education be		D D : 1) K
Name and Location of Institution	Hours	Degree Received	Major	Minor
EXPERIENCE: Start with your present or most recent job. D abilities that best demonstrate your qualificate		erience and be sure to em	nphasize the knowledge, s	skills, and
RESUMES MAY BE ATTACHED May we contact your present supervise		N'T WRITE "SEE	RESUME".	
Job Title:	Dates employed from (me	o/yr) to (mo/	yr)	
Employer:	Hourly Rate/Salary (beg)	(end)		
Address:	City:	State:	Zip:	
Supervisor:	Phone Number:			
Reason for Leaving:				
Duties:				

Job Title:	Dates employed from (mo/yr)	to (mo	/yr)	_	
Employer:	Hourly Rate/Salary (beg)	(end)			
Address:	City:	State:	Zip:		
Supervisor:	Phone Number:				
Reason for Leaving:					
Duties:					
Job Title:	Dates employed from (mo/yr)	to (mo	/yr)		
Employer:	Hourly Rate/Salary (beg)	(end)			
Address:	City:	State:	Zip:		
Supervisor:	Phone Number:				
Reason for Leaving:					
Duties:					
Job Title:				_	
Employer:	Hourly Rate/Salary (beg)	(end)			
Address:	City:	State:	Zip:		
Supervisor:	Phone Number:				
Reason for Leaving:					
Duties:					
Job Title:					
Employer:	11 1 D 4 /C 1 /1 \	(end)			
Address:	City:	State:			
Address:		State:			
Address:	City:	State:			

Job Title: Employer: Address: Supervisor:	Phone Number:	(end) Zip:	
Reason for Leaving: Duties:			
Job Title:	Dates employed from (mo/yr) Hourly Rate/Salary (beg)	(end)	_
Address: Supervisor: Reason for Leaving:	Phone Number:	_	
Duties:			
Job Title:	Dates employed from (mo/yr)	to (mo/yr)	
Employer:	Hourly Rate/Salary (beg)	(end)	_
Address:	City:	State:Zip:	
Supervisor: Reason for Leaving:			_
Duties:			
Job Title:	Dates employed from (mo/yr)	to (mo/yr)	
Employer:	Hourly Rate/Salary (beg)	(end)	_
Address:	City:	State:Zip:	
Supervisor:	Phone Number:		
Reason for Leaving: Duties:			

SPECIAL SKILLS AND QUALIFICATIONS:
Summarize special skills or qualifications that are relevant to the position for which you are applying:
List any equipment, office machines, personal computers (including software) that you can operate:
Typing Speed words per minute Data Entry keystrokes per hour Licenses (including driver's license), certificates or other authorization to practice a trade or profession.
MISCELLANEOUS:
For purpose of compliance with the immigration Reform and Control Act, are you legally eligible for employment in the United States: $\Box Yes \Box No$
Under the Act, you will be required to provide documentation of your eligibility should you be employed.
Have you ever been convicted of a law violation, excluding minor traffic violations? □ Yes □ No
If yes, please provide date and explanation:
Do you have relatives employed by the City of Florence? Yes No If yes, please provide name and department:
If you have had any gaps in employment, been laid off or resigned in lieu of termination, or been dismissed from a position, you must use this space to provide an explanation.
Please list the date on which you can begin work:
REFERENCES:
Please list the appropriate information for at least three references that are familiar with your background and not related to you
through blood or marriage. Name Address Phone Occupation
Name Address Phone Occupation
A DIDLY LOCA NUMBER OF A FIRST CITY (DV
APPLICANT'S STATEMENT (Please read carefully)
If submitting application electronically or by fax, you are certifying the information provided is correct to the best
of your knowledge, when you send. Original signature may be obtained at a later date. I hereby certify that the information provided is correct to the best of my knowledge. I understand that any false statements or information from me
may void this application or subject me to discharge at any time after employment. I further understand that if I am employed by the City of Florence
I will be employed "at will" and can be dismissed at any time with or without cause or notice. I hereby authorize investigation regarding my
suitability for employment and will not hold the City of Florence, employment references, or past or present employers liable for releasing or obtaining information in this process.
Signature of Applicant: Date:

Please return to: City of Florence PO Box 430 Florence, Texas 76527