



**REFERENCES** List three persons we may contact at this time who are NOT related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not give names of supervisors listed under EXPERIENCE.

First & Last Name & Phone #	Present Home Address (Number, Street, City, State, and ZIP Code)	Business/Occupation

**SPECIAL SKILLS AND QUALIFICATIONS** (Please complete the following as they apply to the position for which you are applying)

<p><b>Served Formal Apprenticeship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What Trade _____</p> <p># of Years _____ When _____</p> <p>Where _____</p>	<p><b>Current License or registration as a Member of some Trade of Profession</b></p> <p>Name/Kind _____</p> <p>Number _____</p> <p>Date Issued _____ Expiration Date _____</p>
<p><b>Office Work</b></p> <p>Typing (words per minute) _____</p> <p>Experience in transcribing mechanically recorded material?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>List office machines other than a typewriter which you can operate skillfully.</p> <p>_____</p> <p>_____</p> <p>_____</p>

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

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**EXPERIENCE** List your last four (4) jobs, including relevant volunteer experience. If you were employed under another name, include the name by which you were known by your employer. **IN ADDITION, LIST ANY EARLIER EXPERIENCE OF ANY KIND REQUIRED FOR THIS POSITION.** Part-time work will be pro-rated in determining experience qualifications. If additional space is needed, attach a sheet of paper. Only those jobs listed will be considered in evaluating your qualifications. **THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME**

Are you presently working?  Yes  No

Does the City of St. Francis have your permission to contact your present employer at this time?  Yes  No

<p><b>Name of Employer</b> _____</p> <p>Address _____</p> <p>Job Title _____</p> <p>Duties _____</p> <p>_____</p> <p>Reason for Leaving _____</p> <p>Name and Title of Immediate Supervisor _____</p> <p>_____</p>	<p><b>Dates of Employment</b></p> <p>From (Mo. &amp; Yr.) _____ To (Mo. &amp; Yr.) _____</p> <p>Total Time (years &amp; months) _____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time</p> <p><input type="checkbox"/> Paid <input type="checkbox"/> Not Paid</p> <p>Hours per week _____</p> <p>Starting Salary _____ Ending Salary _____</p> <p>Number of employees supervised _____</p> <p>_____ Professional _____ Non-Professional</p>
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<b>Name of Employer</b> _____ Address _____ Job Title _____ Duties _____ _____ Reason for Leaving _____ Name and Title of Immediate Supervisor _____ _____	<b>Dates of Employment</b> From (Mo. & Yr.) _____ To (Mo. & Yr.) _____ Total Time (years & months) _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Hours per week _____ Starting Salary _____ Ending Salary _____ Number of employees supervised _____ Professional                    Non-Professional
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Summarize your special skills or qualifications for this position \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign from any position for reasons other than layoff due to lack of work?  Yes  No

If yes, give name of employer and brief explanation \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

If you are not a United States Citizen, do you have permission to work in the United States from the U.S. Immigration and Naturalization Service?  Yes  No

(You will be required to submit proof of your permission to work if employed.)

What hours are you able to work? \_\_\_\_\_

Would you be available for weekend or holiday assignments?  Yes  No

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?  Yes  No

If yes, complete the following:

Offense	Date	City and State	Fine or Sentence

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL ONLY BE CONSIDERED WHERE A BONAFIDE OCCUPATIONAL QUALIFICATION EXISTS.

**ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT**

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your application.

**CERTIFICATION:** I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date Signed