

APPLICATION FOR EMPLOYMENT

Part-Time, Seasonal & Temporary Employment

City of Trenton

The City of Trenton is an Equal Opportunity Employer and shall not discriminate in the hiring, promotion, discharge, pay, fringe benefits, or other aspects of employment on the basis of race, color, religion, sex, marital status, or national origin.

NAME First _____ Middle _____ Last _____

ADDRESS Street _____ City _____ State _____ Zip _____

TELEPHONE Home (_____) _____ Work or College (_____) _____

SOCIAL SECURITY # XXX-XX- _____ DRIVER'S LICENSE # _____ State _____ Expires _____

POSITION(S) APPLYING FOR: _____

DATES AVAILABLE: _____ HOURS AVAILABLE: _____

HAVE YOU APPLIED PREVIOUSLY? _____ HAVE YOU WORKED FOR US PREVIOUSLY? _____

DO YOU HAVE ANY RELATIVES WORKING FOR US? _____

IF YES, LIST NAME(S) AND RELATIONSHIP _____

WHAT IS YOUR AGE ? (Please check one) 15 - 17 years _____ 18 years & older _____

ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES ? _____
 (If hired, you will be required to provide proof of citizenship or immigration status as required by law.)

HAVE YOU BEEN CONVICTED OF A FELONY OR RELEASED FROM PRISON WITHIN THE LAST 7 YEARS? _____

IF YES, PLEASE EXPLAIN _____

EDUCATION

	NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE				
POST GRADUATE				
BUSINESS/TRADE				
OTHER (Specify)				

PLEASE LIST AND/OR DESCRIBE ANY LICENSES, CERTIFICATIONS, OR SPECIALIZED SKILLS RELATED TO THE POSITION(S) FOR WHICH YOU ARE APPLYING:

EMPLOYMENT EXPERIENCE (List Most Recent Employer First)

DATES EMPLOYED		EMPLOYER
From	To	ADDRESS
		TELEPHONE () SUPERVISOR (Name and Title)
HOURLY RATE/SALARY		WORK PERFORMED
Starting	Final	
		REASON FOR LEAVING

DATES EMPLOYED		EMPLOYER
From	To	ADDRESS
		TELEPHONE () SUPERVISOR (Name and Title)
HOURLY RATE/SALARY		WORK PERFORMED
Starting	Final	
		REASON FOR LEAVING

DATES EMPLOYED		EMPLOYER
From	To	ADDRESS
		TELEPHONE () SUPERVISOR (Name and Title)
HOURLY RATE/SALARY		WORK PERFORMED
Starting	Final	
		REASON FOR LEAVING

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____

PERSONAL REFERENCES (Exclude Employers & Relatives)

NAME	TELEPHONE ()
ADDRESS	

NAME	TELEPHONE ()
ADDRESS	

NAME	TELEPHONE ()
ADDRESS	

I understand that answers given herein are true, complete and correct 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 hereby understand and acknowledge that employment with the City of Trenton is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I also understand that if hired, residency within the City of Trenton must be established at time of hire and maintained throughout the period 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.

SIGNATURE OF APPLICANT _____ DATE _____