

Have you ever been convicted of a felony? Yes No
(Note: This may be relevant if job related, but does not bar you from employment)

If YES, please explain. _____

Driver's License Number (if required by job). _____

YOUR EDUCATION AND TRAINING

High School Attended: _____

City

State

Do You Have a High School Diploma? Yes No

Please List Any Other Education You Have Received:

College / University / Trade or Business Schools Attended	City / State	Degree Earned? Type of Degree.	Major Area of Study

List Other Training Received (special courses, work training programs, armed forces training, etc.):

List Special Qualifications and Skills (licenses, skills with machines, patents or inventions, publications, etc.):

REFERENCES

Please list three or four persons, other than relatives or former employers, who have knowledge of your character and/or abilities:

Name	Mailing Address	Years Known	Telephone #

PRIOR EMPLOYMENT RECORD

List Below All Present and Past Employment Information and / or Substantive Volunteer Work. List in order ***beginning with your most recent or current position.***

Name and Address of <i>current</i> or <i>most recent</i> employer:	
<hr/> <hr/>	
Phone number: _____	
Your Supervisor: _____	
Your job title and responsibilities:	
<hr/> <hr/>	
Date hired: _____	Date left: _____
Reason for leaving:	
<hr/> <hr/>	
Starting Salary: _____	Ending Salary: _____
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name and Address:

Phone number: _____

Your Supervisor: _____

Your job title and responsibilities:

Date hired: _____ Date left: _____

Reason for leaving:

Starting Salary: _____ Ending Salary: _____

May we contact this employer? Yes No

Employer Name and Address:

Phone number: _____

Your Supervisor: _____

Your job title and responsibilities:

Date hired: _____ Date left: _____

Reason for leaving:

Starting Salary: _____ Ending Salary: _____

May we contact this employer? Yes No

Employer Name and Address:

Phone number: _____

Your Supervisor: _____

Your job title and responsibilities:

Date hired: _____ Date left: _____

Reason for leaving:

Starting Salary: _____ Ending Salary: _____

May we contact this employer? Yes No

IMPORTANT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me and my application from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you.

In consideration for my employment by the City of Sparta, I agree to conform to the rules and regulations of the city as set forth in the Sparta Municipal Code and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option and without prior notice to me.

I consent to a physical examination which includes a drug test either prior to commencement of employment or after I have been offered a position or become employed, as deemed necessary by the employer.

Applicant Signature

Date