



(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.):

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### 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 **current** or **most recent** employer:

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Phone number: \_\_\_\_\_

Your Supervisor: \_\_\_\_\_

Your job title and responsibilities:

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Date hired: \_\_\_\_\_ Date left: \_\_\_\_\_

Reason for leaving:

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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

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, Sparta Human Resources Manual 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