

Town of Chesapeake City Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, religion, age color sex, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all questions on this application. You **may** attach a resume, but all questions **must** be answered.

Position applying for:

PERSONAL DATA

Name (last, first, middle):		Date of Birth (mm/dd/yy):	
Street/Mailing Address:		City:	State: Zip:
Home Phone:	Cell Phone:	Email Address:	
Date Available to Start Work:		Did you obtain a High School Diploma or GED:	
Have you worked for the Town before:		If yes, when?	
Are you a U.S. Citizen:		If no, are you legally allowed to work in the U. S.:	
Have you ever been convicted of a felony:		If yes, please explain:	

QUALIFICATIONS

	School Name	Degree	Address/City/State/Zip
School			
School			
Other			

SPECIAL SKILLS

Please list any special skills or experience that you feel would help you in this position:

REFERENCES

Name	Address/City/State/Zip	Phone	Relationship

WORK HISTORY *Please start with your present or most recent employment and work back.*

Job Title:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy)
Company Name:	Supervisor Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for leaving:	Ending Salary:	May we contact:

Job Title:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy)
Company Name:	Supervisor Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for leaving:	Ending Salary:	May we contact:

Job Title:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy)
Company Name:	Supervisor Name:	Phone Number:
City:	State:	Zip:
Duties:		
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Job Title:	Start Date (mm/dd/yyyy):	End Date (mm/dd/yyyy)
Company Name:	Supervisor Name:	Phone Number:
City:	State:	Zip:
Duties:		
Reason for leaving:	Ending Salary:	May we contact:

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries in connection with my application. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____