

**CITY OF PORT CLINTON**  
**APPLICATION FOR EMPLOYMENT**  
(PRE-EMPLOYMENT QUESTIONNAIRE)(AN EQUAL OPPORTUNITY EMPLOYER)

Application # \_\_\_\_\_

Today's Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name: \_\_\_\_\_

Last

First

Middle

Current Address: \_\_\_\_\_

Street

City

State

Zip

Phone No: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Are you 18 years of age or older? Yes  No

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed now? Yes  No  If so, may we inquire of your present employer? Yes  No

Ever applied to the City before? Yes  No  If so, when? \_\_\_\_\_

Referred by: \_\_\_\_\_

**EDUCATION AND MILITARY SERVICE**

High School Diploma or GED? Yes  No  Post Secondary Degree? Yes  No

Degrees: \_\_\_\_\_

Certificates: \_\_\_\_\_

CDL: Yes  No  \_\_\_\_\_

US Military Service? Yes  No  Current Service? Yes  No  Are you presently a member in Nation Guard or Reserves? \_\_\_\_\_

**WORK EXPERIENCE (List most recent work experience first)**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates : From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**WORK EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates : From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**WORK EXPERIENCE**

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Description (duties, skills, equipment used) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates : From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**LIST REFERENCES**

| NAME  | ADDRESS | RELATION                    | PHONE NUMBER |
|-------|---------|-----------------------------|--------------|
| _____ | _____   | Personal/Professional(____) | _____        |
| _____ | _____   | Personal/Professional(____) | _____        |
| _____ | _____   | Personal/Professional(____) | _____        |

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment of, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes  No

With my signature below, I certify that all information on this and all attached pages are true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_