City of Warrenton

Application for Employment



An Affirmative Action, Equal Opportunity, Employer

		Appli	cant	Information		
Full Name:						Date:
A	Last	First			M.I.	
Address:	Street Address				Apartme	ent/Unit #
Mailing	City				State	ZIP Code
Address:	Addison				A	
	Address				Арапте	nt/Unit #
	City				State	ZIP Code
Phone: ()		_ Alte	ernate Phone: ()	
Date Available	e: Social Securit	y No.:		E	mail:	
Position Appli	ed for:					
Are you a citiz	zen of the United States?	YES	NO	If no, are you auth	norized to v	YES NO YES NO □ □
Have you ever been a City of Warrenton employee?		YES	NO	If yes, when?		
	a City of Warrenton employee?	YES	NO	Dept.		
Do you have relatives employed by the City YE		YES	NO	· -		
of Warrenton?		YES	NO	If yes, indicate na		
Do you posse	ss a valid driver's license	Ш				Number:
	(A valid driver's license	e is requir	ed onl NO	-	•	Incement.) employment only if it is related to the job
Have you ever been convicted of a felony?				for which applied.)	115 4 541 15 6	simpleyment emy is to related to the job
explain:						
			Offic	e Skills		
Typing Speed	(wpm) :			Can you operate a c	computer?	Yes 🗌 No 🗌
Do you speak	a language other than English?	YES	NO	If so, what language?		
		Com	pute	r Operation		
Describe your	computer operation skills, inclu-					
		Equi	amai	nt Operation		
Describe your	equipment operation skills relat				/ing:	
•			-	, , ,	<u> </u>	

Education								
High School	:	Address:						
From:	To:	Did you graduate?	YES	NO	Degree:			
		High School Equivalency?	YES	NO	School:			
College:		Address:						
From:	To:		YES	NO 🔲	Degree:			
Other:		Address:			· ·			
From:	To:	Did you graduate?	YES	NO	Degree:			
		Licenses and	Certif	ficates	Ü			
List any schothis position:		nal training, licenses, certification	ons, or o	other qualifi	cations which	bear on	your suita	bility for
and voluntee demonstrate may be to yo be complete	er work. Please be so that you are qualified our advantage to list i d. Incomplete applic	n with your present or most red ure you completely describe in d to perform the duties for whic it. Additional pages or a resum ations may result in disqualifica quired, it must accompany this	the sect th you are ne may b ation. A	tion below to re applying. be attached, resume do	he duties you pout the firm doubt about all statem	performe out listinents	ed which ng a partic the applic	cular job, it
		Employme	nt His	tory				
Company:					Phone:	()	
Address:					Supervisor:			
Job Title:								
Responsibili	ties:							
From:	To:	Reason for Leav	ving:					
May we cont	tact your previous su	pervisor for a reference?	YES	NO				
_					Phone:	()	
Address:					Supervisor:			
Job Title:					очротност.			
	ties:							
		Reason for Leav						
			YES	NO				
		pervisor for a reference?					_	
Company:				<u> </u>				
Address:				_	Supervisor:			
Job Title:								
Responsibili	ties:							

Employment His	story continued				
From: To: Reason for Lea	ving:				
May we contact your previous supervisor for a reference?	YES NO				
Company:	Phone: _()				
Address:	Supervisor:				
Job Title:					
Responsibilities:					
From: To: Reason for Lea					
May we contact your previous supervisor for a reference?	YES NO				
Military Service					
Branch:	From: To:				
Rank at Discharge:	Type of Discharge:				
If other than honorable, explain:					
Disclaimer a	nd Signature				
IMPORTANT: Employment with the City of Warrenton may accepting employment with the City you are consenting to so the City to present proof of identity and proof of authorization. I certify that my answers are true and complete to the best of	require transfer to different shifts or work location. In uch transfers. Federal law requires anyone employed by n to work in the United States.				
If this application leads to employment, I understand that fall may result in my release.	•				
Signature:	Date:				

Employment History continued Phone: () Company: Address: Supervisor: Job Title: Responsibilities: From: _____ To: Reason for Leaving: May we contact your previous supervisor for a reference? Phone: () Company: Address: Supervisor: Job Title: Responsibilities: From: _____ To: ____ Reason for Leaving: ____ NO May we contact your previous supervisor for a reference? Phone: () Company: Address: Supervisor: Job Title: Responsibilities: To: Reason for Leaving: NO May we contact your previous supervisor for a reference? Phone: () Company: Address: Supervisor: Job Title: Responsibilities: From: _____ To: ____ Reason for Leaving: May we contact your previous supervisor for a reference? Phone: () Company: Address: Supervisor: Job Title: Responsibilities: To: Reason for Leaving: NO May we contact your previous supervisor for a reference?