

CITY OF BOSCOBEL WORK APPLICATION

Referral Source:	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Agency _____	
<input type="checkbox"/> Other _____	

Office Use Only	
Department _____	Rate _____
Title _____	Date _____
DOB _____	Emp # _____

LAST NAME:	FIRST NAME	MI:	SSN:
APPLICATION FOR POSITION OF:		RATE OF PAY EXPECTED (\$/hour)	DATE AVAILABLE:
WHAT SHIFTS ARE YOU AVAILABLE TO WORK? CIRCLE: 1st 2nd 3rd		WHAT DAYS ARE YOU NOT AVAILABLE TO WORK? ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun	
TYPE OF EMPLOYMENT (May indicate more than one): ___ Permanent (Full-Time) ___ Permanent (Part-Time) ___ Temp Full-Time (Until _____)			SHIFT PREFERENCE:

PRESENT ADDRESS (Number, Street, Apt, City, State, Zip):	HOME PHONE (Include area code):
MAILING ADDRESS (If different than above):	DAYTIME PHONE:

Do you have access to a car (vehicle required for some positions)? ___ Yes ___ No Do you have a CDL? ___ Yes ___ No

Do you have a valid driver's license? ___ Yes ___ No

Are you at least 18 years of age and under 70? ___ Yes ___ No If no, what is your age? _____

Are you a U.S. citizen or do you have an entry permit which allows you to work in the U.S.? ___ Yes ___ No

Have you been previously employed by us? ___ Yes ___ No If yes, in what position? _____ When? _____

EDUCATION AND TRAINING

Circle the highest grade or year completed in school. 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a high school diploma or GED equivalency? ___ Yes ___ No	HIGH SCHOOL NAME/LOCATION:			
TRAINING BEYOND HIGH SCHOOL: College or University, Nursing/Business College, or other schools you have attended. Under credits earned, indicate Q for quarters and S for semesters.		Circle the number of years in College: 1 2 3 4 5 6 7 8			
NAME AND LOCATION	DATES ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA	Degree conferred and year.
	From To				

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, in-service training, or volunteer work which you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certifications. Please be specific.

FOR SOME POSITIONS, IT MAY BE REQUIRED THAT EMPLOYEES POSSESS CERTAIN PHYSICAL CAPABILITIES. CHECK THE APPROPRIATE SPACES BELOW WHICH YOU FEEL REFLECT THE PHYSICAL ACTIVITIES IN WHICH YOU CAN ROUTINELY ENGAGE WITHOUT HARM TO YOURSELF OR FELLOW EMPLOYEES. PLEASE BE ASSURED THAT A NEGATIVE ANSWER WILL NOT DISQUALIFY YOU FROM CONSIDERATION.

1. LIFTING ___ 25 lbs or less ___ 50 lbs. ___ 75 lbs. ___ 100lbs or more.
2. DIFFICULTIES: ___ Bending/stooping? ___ Climbing? ___ Standing for a long period of time? ___ Working in extreme temperatures?
3. List any physical limitations which you feel may relate to the work for which you are applying: _____
4. Have you ever been convicted of any violations other than minor traffic violations? ___ Yes ___ No
5. If yes, for what have you been convicted, when and where? _____
6. Have you received compensation for injuries? ___ Yes ___ No If yes, describe: _____
7. Have you had a major illness in the last 5 years? ___ Yes ___ No If yes, describe: _____
8. List any government job training programs for which you are eligible: _____

