

# CITY OF SEAFORD

## APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

**PERSONAL INFORMATION**

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

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First M.I.

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address: \_\_\_\_\_  
Street City State Zip

Phone #: \_\_\_\_\_ Are you 18 years or older: Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed  
in this country because of a visa or immigration status? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you Employed Now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

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

EDUCATION	Name and Location of School	*# of Years Attended	*Did you Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

**GENERAL**

Subjects of special study or research work: \_\_\_\_\_

Special skills: \_\_\_\_\_

Activities: (Civic, Athletic, Etc.) \_\_\_\_\_

Exclude organizations, The name of which indicates the race, creed, sex, age marital status, color or nation of origin of its members

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Present Membership in National Guard or reserves \_\_\_\_\_

\*This form has been revised to comply with the provisions of the American with Disabilities Act and the final regulations and Interpretive guidance promulgated by the EEOC on July 26, 1991

(Continued on the other side)

Last

First

M.I.

**FORMER EMPLOYERS** (List Below Last Four Employers, Starting with Last One First).

Date Month and Year	Name, address, and phone number of Employer	Position	Reason for Leaving
From To			

Which of these jobs did you like best?

What did you like most about the job?

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least one year.

Name	Phone Number	Association	Years Acquainted
1			
2			
3			

In case of Emergency Notify:

Name	Address	Phone #

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected, and if I am employed, my employment will be terminated at that time. In consideration of my employment, I agree to conform to the City's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the City. I understand that no City representative, other than the City Manager, and then only in writing and signed by the City Manager, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date:

Signature:

**Do Not Write Below This Line**

Interviewed By:

Date:

Remarks:

Neatness:

Ability:

Hired: Yes No

Position:

Dept.:

Salary/Wage:

Date Reporting to Work:

Approved: 1

2

3

City Manager

Director

Supervisor



We are required to keep this information on sex, race, and ethnic background in compliance with federal law. This information will be detached and kept separately from your application.  
**It will not be used as a basis for making employment decisions.**

Position (s) Applied for: \_\_\_\_\_

\_\_\_\_\_

Social Security #:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Race or

National Origin:

White  Black  Hispanic

Indian or Alaskan Native

Asian or Pacific Islander

Sex:

Male  Female

Are you Handicapped:  No  Yes - If yes, explain extent of handicap:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_