

# APPLICATION FOR EMPLOYMENT CITY OF ARCADIA

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

<b>PERSONAL INFORMATION</b>			DATE		
NAME (LAST NAME, FIRST NAME)					
PRESENT ADDRESS		CITY	STATE	ZIP CODE	
PERMANENT ADDRESS		CITY	STATE	ZIP CODE	
PHONE NO		REFERRED BY			

## EMPLOYMENT DESIRED

POSITION		DATE YOU CAN START		SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED TO THE CITY OF ARCADIA BEFORE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHERE HAVE YOU APPLIED?	
					WHEN?

## EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL & PH #	YEARS ATTENDED	DID YOU GRADUATE	MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER EDUCATION				

## GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS	
US MILITARY SERVICE	
RANK	

## FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS STARTING WITH MOST RECENT ONE FIRST)

MONTH AND YEAR	NAME, ADDRESS & PH.# OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES** (LIST BELOW THE NAMES OF THREE PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR)

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized City representative."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**DO NO WRITE BELOW THIS LINE**

**REMARKS**


NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
BACKGROUND CHECK		SKILLS TEST	DRUG TEST	BI-LINGUAL
HIRED	FOR DEPT	POSITION	START DATE	SALARY / WAGES

**APPLICATION FOR EMPLOYMENT**