

EDUCATION

Elementary School: _____
Name Years Completed

Location

Number Street City State Zip Code

High School: _____
Name Years Completed

Location

Number Street City State Zip Code

College/Technical School: _____
Name Years Completed

Location

Degree or Certifications Earned

Please list any other specialized training or skills that you wish for us to consider:

EMPLOYMENT HISTORY

Employer: _____ Date Employed: _____
Name From To

Address: _____
Number Street City State Zip Code Phone Number

Job Title: _____ Contact Person: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Job Duties: _____

Employer: _____ Date Employed: _____
Name From To

Address: _____
Number Street City State Zip Code Phone Number

Job Title: _____ Contact Person: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Job Duties: _____

Employer: _____ Date Employed: _____
Name From To

Address: _____
Number Street City State Zip Code Phone Number

Job Title: _____ Contact Person: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Job Duties: _____

Employer: _____ Date Employed: _____
Name From To

Address: _____
Number Street City State Zip Code Phone Number

Job Duties: _____ Contact Person: _____

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

Job Duties: _____

Please list any professional and civic organizations:

Please list any foreign languages you can speak, read, and-or write:

Fluent Good Fair _____
Speak _____
Read: _____
Write: _____

Please list any military service:

Branch: _____ Date of Service: _____
From To
Honorable Discharge: _____ Rank: _____
Yes No
Duties: _____

PERSONAL REFERENCES

1. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

2. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

3. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

4. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

PROFESSIONAL REFERENCES

1. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

2. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

3. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

4. Name: _____ Phone Number: _____

Address: _____
Number Street City State Zip Code

Please state any additional information you feel may be helpful to us in considering your application :

I certify that the information contained in this application is true and correct to the best of my knowledge, belief, and information.

Applicant Signature

Date

The City of Dawson Springs considers applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

The City of Dawson Springs is an equal opportunity employer.

**PERSONAL INQUIRY WAIVER
AUTHORITY TO RELEASE OF INFORMATION**

APPLICANTS NAME: _____

SOCIAL SECURITY: _____

DATE OF BIRTH: _____

I respectfully request and authorize you to furnish the City of Dawson Springs all information that you may have concerning my employment record, character, reputation, financial records, credit status, school records, and criminal records. Please include all medical, physical, and mental records, including all information of a confidential or privileged nature. This information is to be used to assist the City of Dawson Springs in determining my qualifications and fitness for employment.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested.

APPLICANTS SIGNATURE

DATE

WITNESS

DATE