

City of Decatur 172 N Second St Decatur, IN 46733 260-724-7171 www.decaturin.org

Employment Application

		App	licant l	nform	ation			
Full Name:	Last	First				M.I.	Date:	
Address:								
	Street Address						Apartment/Unit #	<u>.</u>
	City					State	ZIP Code	
Phone:			I	Email				
Position App	olied for:							
Are you a ci	tizen of the United States?	YES	NO □	lf no,	are you a	authorized to w	YES	NO □
Have you ev	ver worked for this company?	YES	NO □	lf yes,	when?			
Have you ev	ver been convicted of a felony	YES ?	NO □					
lf yes, expla	in:							
			Educ	ation				
High Schoo	l:	<i>µ</i>	Address:					
From:	To:	Did you gr	aduate?	YES	NO □	Diploma:		
College:		ŀ	Address:					
		Did you gr	aduate?	YES		Degree:		
Other:		A	Address:					
From:		Did vou ar	aduate?	YES	NO	Dearee:		

Previous Employme	ent
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			-	
Company:				Phone:
Address:		o :		
Job Title:	Starting Salary:\$			Ending Salary: \$
Responsibilit	ies:			
From:	То:	Reason fo	or Leaving:	
May we conta	act your previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting S	Starting Salary:		
Responsibilit	ies:			
From:	То:	Reason fo	or Leaving:	
May we conta	act your previous supervisor for a reference?	YES	NO □	
Company:				Phone:
Address:				Supervisor:
Job Title:	Starting Salary:			Ending Salary: <mark>\$</mark>
Responsibilit	ies:			
From:	То:			
Mav we conta	act your previous supervisor for a reference?	YES	NO	

References

Please list three professional references.	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Do you have a current driver's license? Yes No List any qualifications:	CDL

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:_____