



ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? \_\_\_\_\_

TYPE OF WORK DESIRED:  FULL TIME  PART-TIME

ARE YOU WILLING TO WORK IN A JOB REQUIRING EVENING OR NIGHT TIME HOURS?  YES  NO

WILL YOU WORK OVERTIME HOURS IF ASKED?  YES  NO

**EMPLOYMENT EXPERIENCE LIST PRESENT AND PAST EMPLOYERS. START WITH MOST RECENT JOB.**

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
REASON FOR LEAVING			

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
REASON FOR LEAVING			

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
REASON FOR LEAVING			

NAME AND ADDRESS OF EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
JOB TITLE			
REASON FOR LEAVING			

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.  
(LIST OTHER SKILLS, TRAINING, EXPERIENCE, ETC. WHICH MAY BE CONSIDERED.)

---

---

---

---

**EDUCATIONAL DATA**

CIRCLE THE HIGHEST SCHOOL GRADE COMPLETED: \_\_\_\_\_ 8 9 10 11 12 13 14 15 16 16+

NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED \_\_\_\_\_ GRADUATE? \_\_\_\_\_ IF GED, GIVE YEAR \_\_\_\_\_

COLLEGES / UNIVERSITIES ATTENDED \_\_\_\_\_ GRADUATE? \_\_\_\_\_ DEGREE / MAJOR SUBJECTS \_\_\_\_\_

BUSINESS COLLEGES, ETC. ATTENDED \_\_\_\_\_ COURSES / SUBJECTS OF STUDY \_\_\_\_\_

---

**MILITARY DATA**

HAVE YOU BEEN A MEMBER OF THE U.S. ARMED FORCES? \_\_\_\_\_ IF YES, WHAT BRANCH? \_\_\_\_\_

DATES OF DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_ RANK AT DISCHARGE: \_\_\_\_\_

LIST MILITARY DUTIES INCLUDING ANY SPECIAL TRAINING: \_\_\_\_\_

---

GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES NOT RELATED TO YOU.

---

**Applicant's Statement**

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT, AND IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF PRATT.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For Personnel Department Use Only**

INTERVIEWED BY: \_\_\_\_\_

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

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

JOB TITLE: \_\_\_\_\_ HOURLY RATE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_