



CITY OF
HEREFORD

Application for Employment

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. All employees of the City of Hereford are employees at will and as such have no property interest in employment or any expectation of continued employment, promotion or any personal benefits including but not limited to sick leave, compensation time off and disability, life and group health insurance.

Please type or print

Date / /

Employment Desired

Position	Date You Can Start	Salary Desired	Type of Employment	
Job No:			Full-time <input type="checkbox"/>	Summer <input type="checkbox"/>
			Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>
Are you Employed Now? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we contact your employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, date;	Are you related to anyone now employed by the City of Hereford? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, whom and what relation? _____
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Personal Information

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Social Security Number	Home Telephone Number	

Education

High School Attended and Location	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	
College Attended and Location	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did You Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	

General

Special Courses and Training

Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please explain;	Personnel Office Approval (Do not write in this space)
_____	Date: _____
_____	Initials: _____

Employment History (List Present or Most Recent Positions First)

Name of Employer		Address(Number, Street, City, State, Zip Code)	
Phone	Type of Business	Department	Your Position
Duties			
Name and position of Immediate Supervisor			
Date Employed	Date left	Starting Salary	Final Salary
Reason for leaving			

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Phone	Type of Business	Department	Your Position
Duties			
Name and position of Immediate Supervisor			
Date Employed	Date left	Starting Salary	Final Salary
Reason for leaving			

State any additional information you feel may be helpful to us in considering your application.

I certify that the information is true and correct. Signature _____