### CITY OF NEW LISBON - APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

# (PLEASE PRINT) Positions(s) applied for Date of application Last Name First Name Middle Name Address: Number Street City State Zip Telephone Numbers(s) Have you ever filed an application with us before? Yes If yes, give date \_\_ Have you ever been employed with us before? Yes If yes, give date Are you currently employed? May we contact your present employer? Yes On what date would you be available for work? Are you currently on lay-off status and subject to recall? No Can you travel if a job requires it? Yes

# **EDUCATION**

Name and address		Years	Diploma	
Of school	Course of study	Completed	Degree	
High School				
Undergraduate				
College				
Technical School				
Technical School				
Other (specify)				
Describe any specialized training, appren	aticachin and for chills			
Describe any specianzed training, appren	iticeship and/or skills.			
Describe any job-related training receive	d in the United States mili	tarv		
Describe any job related training receive	a in the officer states iniii	cary.		

### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. If you need more room, please continue on a separate piece of paper.

Employer:
Job Title &Work Performed:
Dates employed:
Address:
Telephone number(s)
Hourly rate/salary:
Supervisor:
Reason for leaving:
Employer:
Job Title & Work Performed:
Dates employed:
Address:
Telephone number(s)
Hourly rate/salary:
Supervisor:
Reason for leaving:
Employer:
Job Title & Work Performed:
Dates employed:
Address:
Telephone number(s)
Hourly rate/salary:
Supervisor:
Reason for leaving:

# **ADDITIONAL INFORMATION**

Other qualifications – employment or other ex		special	job-related	skills	and	qualifications	acquired	from
State additional information you feel may be helpful in considering your application.								
Signature:						Date:		-
Date Application Receive	ed:		TY USE ONLY					