

CITY OF HAMILTON  
APPLICATION FOR EMPLOYMENT  
(pre-employment questionnaire) (an equal opportunity employer)

PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last                      First                      Middle

Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street                      City                      State                      Zip code

Permanent Address: \_\_\_\_\_  
(If different from present address)

Phone Number: \_\_\_\_\_ Are you 18 years or older? \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? \_\_\_\_\_

EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_

Salary desired: \_\_\_\_\_ Are you employed now? \_\_\_\_\_

If employed now, may we inquire of your present employer? \_\_\_\_\_

Have you ever applied to the City of Hamilton before? \_\_\_\_\_ When? \_\_\_\_\_

Referred by: \_\_\_\_\_

EDUCATION

Grammar School:  
Name and Address of School: \_\_\_\_\_  
Number of years attended/Subjects studied: \_\_\_\_\_  
Did you complete? \_\_\_\_\_

High School:  
Name and Address of School: \_\_\_\_\_  
Number of years attended/Subjects studied: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_

College:  
Name and Address of College: \_\_\_\_\_  
Number of years attended/Subjects studied: \_\_\_\_\_  
Degree level: \_\_\_\_\_

Trade/Business/Correspondence School:  
Name and Address of School: \_\_\_\_\_  
Number of years attended/Subjects studied: \_\_\_\_\_  
Degree level: \_\_\_\_\_

GENERAL

Subjects of special study or research work: \_\_\_\_\_  
\_\_\_\_\_

Special skills: \_\_\_\_\_  
\_\_\_\_\_

Activities: (Civic, Athletic, etc.): \_\_\_\_\_  
\_\_\_\_\_

Exclude organizations, the name of which indicated the race, creed, sex, age, marital status, color, or nation of origin of its members.

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Present membership in  
National Guard or Reserves \_\_\_\_\_

FORMER EMPLOYERS

(list below the last three employers, starting with the last one first)

From/To (Month/Year)	Name/Address of Employer	Salary/Position	Reason for Leaving
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Which of these jobs did you like best? \_\_\_\_\_

What did you like most about this job? \_\_\_\_\_

REFERENCES

(give the names of three persons, not related to you, whom you have known at least one year)

NAME	ADDRESS/PHONE NUMBER	BUSINESS	YEARS AQUAINTED
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

DISCLAIMER

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time."

\_\_\_\_\_  
Date Signature

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.