

City of Kimball is an equal opportunity employer.



Various Federal, State and local laws prohibit discrimination based on race, color, sex, religion, national origin, ancestry, age, disability or marital status. The City of Kimball is an equal opportunity employer and your response to any question will not be used as a basis for discrimination, but will be judged on its relevance to the position you are seeking.

<b>PERSONAL INFORMATION</b>			<b>DATE</b> /      /	
NAME			SOCIAL SECURITY NO.	
<small>LAST</small>	<small>FIRST</small>	<small>(MIDDLE)</small>	-	-
HOME ADDRESS				
<small>STREET</small>	<small>CITY</small>	<small>STATE</small>	<small>ZIP</small>	
HOME TELEPHONE (    )		BUSINESS TELEPHONE (    )		
POSITION APPLYING FOR			DATE AVAILABLE      /      /	

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?      YES       NO

<b>EMPLOYMENT DESIRED</b>		
POSITION	DATE YOU CAN START	SALARY DESIRED
IF SO MAY WE INQUIRE		
ARE YOU EMPLOYED NOW?      IF SO MAY WE INQUIRE		
OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?

REFERRED BY				
EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

<b>GENERAL</b>	
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL SKILLS	
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)	
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES 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	

(CONTINUED ON OTHER SIDE)

**FORMER EMPLOYERS**

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE	MONTH	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

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	BUSINESS	YEARS AQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (FILL IN NAME OF STATE)

IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A  
CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE  
SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

IN CASE OF  
EMERGENCY NOTIFY:

NAME

ADDRESS

PHONE NO.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED: YES  NO

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER