

**CITY OF WEST LIBERTY  
APPLICATION FOR EMPLOYMENT**

**Personal Information**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
                     Last                      First                      Middle

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

Phone Number: \_\_\_\_\_ Are you 18 Years or Older? Yes No

Are You a U.S. Citizen or an Alien authorized to work in the U.S.? Yes No

**Desired Employment**

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Salary \_\_\_\_\_  
 Applied for: \_\_\_\_\_ For Work: \_\_\_\_\_ Desired: \_\_\_\_\_

Are you Currently Employed? Yes No                      May we Contact your present Employer? Yes No

Current Employer: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_

Referred By: \_\_\_\_\_

**Education**

	Name & Location of School	No. Years Attended	Did you Graduate	Type of Degree
High School			Yes No	
College			Yes No	
Trade or Business			Yes No	

Special Skills: \_\_\_\_\_

\_\_\_\_\_

**Previous Employment**

Month & Year	Name & Address	Salary	Position	Reason for Leaving

Do we have permission to contact previous employers? Yes No

**References**

Name	Address	Phone No.

In case of Emergency

Notify: \_\_\_\_\_ Phone No. \_\_\_\_\_

The City of West Liberty complies with the Americans with Disabilities Act of 1990, as amended by the Civil Rights Act of 1991, which prohibits discrimination on the basis of disability and protects qualified applicants and employees with disabilities from discrimination in hiring, promotion, discharge, pay, job training, fringe benefits and other aspects of employment.

We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin or disability.

I certify that the facts contained in the application are true and complete to the best of my knowledge and understand, that if employed, falsified statements on this application shall be grounds for dismissal. I understand and agree that, if hired, my employment is for no definite period and my regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

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