



PUBLIC WORKS SEASONAL EMPLOYMENT APPLICATION

All Public Works Seasonal Positions are subject to drug tests and background checks

PERSONAL INFORMATION:

LAST NAME

FIRST NAME

MIDDLE NAME

CURRENT ADDRESS

CITY

STATE

ZIP

PHONE: _____ Email _____

- Are you at least 18 years of age? **Yes** **No**
- Are you legally authorized to work in the United States? **Yes** **No**
- Are you capable of performing the functions of the job with **OR** without an accommodation? **Yes** **No**

EDUCATION:	Name of School	Last Year Completed	Graduated	Degree/Major
High School				
College/Tech School				
Other				

Please describe any education, training, experience, skills or qualifications that you feel are relevant to the job in which you are applying.

PERSONAL REFERENCES:

Name	Address	Phone

Please be sure to complete the reverse side of this form....

EMPLOYMENT HISTORY: (Please provide current/most recent employment first)

Military Service: (Branch) _____ Dates: _____ to _____

Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

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Responsibilities:	Dates Employed: From: _____ To: _____
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Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

CERTIFICATE OF APPLICANT: I certify that all statements in this application are true and complete to the best of my knowledge and belief. I understand that any false information on this application may result in my dismissal as prescribed by law, or Civil Service Rules. Type your name below in the signature field to sign this agreement electronically. Your electronic signature is the legal equivalent of your manual signature.

Signature _____ Date: _____