



CITY OF MILTON / MILTON MUNICIPAL UTILITIES APPLICATION FOR EMPLOYMENT

Section 1. Personal Information and Attestation *(Employees must complete Section 1 and sign the Application no later than the first day of employment, but not before accepting a job offer.)*

Last Name	First Name	Middle Initial	Other Names Used <i>(if any)</i>
Address		City or Town	State Zip Code
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Social Security Number ____ - ____ - ____		Phone Numbers Home: Cell:
E-mail Address:			
Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? A conviction will not necessarily disqualify an applicant from employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide date(s) and details.			

Section 2. Driver's License Information

Do you have a valid license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the following: Type: Number: Exp. Date: State(s) Issued:		
Are there any current restrictions on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		
Have you ever had any disciplinary action taken against your license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.		
Other endorsements, certificates and/or license:			

Section 3. Position Information

Position(s) Applied for:	Expected Pay:	
Are You Applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Date available for employment:	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when and in which department?	
Supervisor:	Reason for leaving:	
Will you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to meet attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
How were you referred to this organization?		

Section 4. Education

Education Level	School	City/State	Years Completed	Degree / Major
High School/GED				
Community/Junior College				
Business/Trade School				
College/University				
Other				

Section 5. Employment History (Starting with your most recent employer, provide the following information)

Employer	Telephone		Dates Employed: _____ To: _____
Street Address	City	State	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting job title / Final job title			<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.		
	Why did you leave?		

Employer	Telephone		Dates Employed: _____ To: _____
Street Address	City	State	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting job title / Final job title			<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.		
	Why did you leave?		

Employer	Telephone		Dates Employed: _____ To: _____
Street Address	City	State	<u>Compensation (Starting)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Starting job title / Final job title			<u>Compensation (Final)</u> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
Immediate supervisor and title			<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summarize the type of work performed and job responsibilities.		
	Why did you leave?		

Section 6. Special Skills, Training or Knowledge

Please list any special skills, training, or knowledge relevant to the position for which you are applying.

Section 7. References (do not list relatives)

Name	Phone	Relationship

I certify that all the information in this employment application is true and complete, and that any false information, omissions or misrepresentations may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I hereby give my consent to the City of Milton to perform a background investigation.

Applicant Signature _____ Date _____