

City of McFarland 401 W. Kern Avenue McFarland, CA 93250 661-792-3091 Office 661-792-3093 Fax

Employment Application

Applicant Information									
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Full Name:	Last Firs	st	Date: M.I.						
Addass		.	······						
Address:	Street Address	partment/Unit #							
	City	State		Zip Code					
Phone:		Email	Address:						
Date Available	vailable:Social Security No: Desired Salary:								
	ring For:								
Are you a citize	en of the United States?	YES NO	If no, are you authorized	d to work in the U.S.?	<u>)</u>				
Have you ever	worked for this company?		If so, when?		_				
Have you ever	been convicted of a felony?								
If yes, explain:									
		Educ	ation						
High School: _			Address:						
From: _	To:		Did you graduate?	Yes No Degree:					
College: _			Address:						
From: _	To:		Did you graduate?	Yes No Degree:					
Other: _			Address:						
From: _	To:		Did you graduate?	Yes No Degree:					
	References	(Please List Thre	ee Professional Referen	ces)					
Full Name:			_ Relationship:						
Company:			Phone:						
Address:									
Full Name:			_ Relationship:						
Company:			Phone:						
Address:									
Full Name:			_ Relationship:						
Company:			Phone:						
Address:									

		Previous Employmen	nt						
Company:			Phone:						
Address:			Supervis	or:					
Job Title:		Starting Salary:			Ending Salary:				
Responsibilitie	s:								
From:	To: R	eason for Leaving:							
May we contac	t your previous supervisor for a refe	erence?	YES	NO					
Company:			Phone:						
Address:		_	Supervis						
Job Title:		Starting Salary:			Ending Salary:				
Responsibilitie	s:								
From:	To: R	eason for Leaving:							
May we contac	t your previous supervisor for a refe	erence?	YES	NO					
Company:		_	Phone:						
Address:		_	Supervis	or:					
Job Title:		Starting Salary:			Ending Salary:				
Responsibilitie	s:								
From:	To: R	eason for Leaving:							
May we contac	t your previous supervisor for a refe	erence?	YES	NO					
Military Service									
Branch:		From:			To:				
Rank at Dischar	ge:	Type of Discha	arge:						
If other than hor	norable, explain:								
	D	isclaimer and Signatu	ıre						
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature:			Date:						