



**PRIOR EMPLOYMENT***(Start with most recent employer)*

Employer:	Phone: (    )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: (    )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: (    )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: (    )	From:	To:
Address:	City, State, Zip	Position:	
Duties:		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

**MILITARY SERVICE**Were you a member of the U.S. Armed Forces?  Yes  No Branch \_\_\_\_\_

Describe briefly your military duties: \_\_\_\_\_

\_\_\_\_\_

Years served: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

**PERSONAL REFERENCES**

List three personal references. (exclude relatives or former employers).

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## EDUCATION

### HIGH SCHOOL

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No

What was your course of study?  Academic  Business  Trade or Technical  Other \_\_\_\_\_

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### COLLEGE

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No. Number of semester hours completed \_\_\_\_\_

What was your major? \_\_\_\_\_ Degree: \_\_\_\_\_

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### COLLEGE

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No. Number of semester hours completed \_\_\_\_\_

What was your major? \_\_\_\_\_ Degree: \_\_\_\_\_

Did you enroll in a post-graduate course of education?  Yes  No. If "Yes", what was your post-graduate field of study? \_\_\_\_\_ Degree: \_\_\_\_\_

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### Trade, Business or Correspondence School

Name \_\_\_\_\_

Location \_\_\_\_\_

Number of years completed \_\_\_\_\_. Did you graduate?  Yes  No

What was your course of training or study? \_\_\_\_\_

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## SPECIAL QUALIFICATIONS OR SKILLS

Use this space to describe any special qualifications or skills you have acquired through special training, prior employment or general experience: \_\_\_\_\_

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## FOREIGN LANGUAGES

Indicate foreign language(s) you are familiar with:

Language: \_\_\_\_\_  Fluent  Good  Fair  Speak  Read  Write

Language: \_\_\_\_\_  Fluent  Good  Fair  Speak  Read  Write

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## MEMBERSHIPS

List Business, Trade, Professional, Community or Activities Memberships and any offices you may have held. (exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status):

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### APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the City, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal.

The City has my permission to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the City.

I understand this application does not constitute an employment contract of any kind. Should I be employed by the City, I may resign such employment at any time at my discretion with or without prior notice and the City may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.

This application will be considered valid for a period of 60 days. After 60 days it will be necessary for me to submit a new application.

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Signature of Applicant

Date

DO NOT WRITE BELOW THIS LINE

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### SUMMARY OF INTERVIEW

Accepted for employment:  Yes  No Position: \_\_\_\_\_

Starting Rate \$ \_\_\_\_\_ per  Hour  Week Scheduled to start work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*This Application for Employment form has been prepared in accordance with E.E.O.C. guidelines; however, Sagamore Graphics Inc. shall not be responsible or held liable for the inclusion herein, or omission, of any questions which, when asked by the employer, may violate Federal, State and/or local laws.*

