

Indicate languages you speak, read, and/or write:

	Fluent	Good	Fair
SPEAK			
READ			
WRITE			

List professional trade, business, or civic activities and offices held. (You may exclude those which indicate race, creed, color, sex, sexual orientation, religion, age, national origin, or ancestry.)

List name, address, and telephone number of three (3) references who are not related to you and who are not previous employers.

SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

_____ Disabled Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: _____

Please list motor vehicle driver's license state and number: _____

EDUCATION

	Elementary	High	College/University	Graduate/Universtiy
SCHOOL NAME:				
YEARS COMPLETED: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA/DEGREE:				
Describe Course of Study:				

Describe specialized training, apprenticeship, skills, and extra-curricular activities:

Honors received:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any volunteer activities. Exclude organization names which indicate race, creed, color, sex, sexual orientation, religion, age, national origin, or ancestry.

1.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			
2.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			

EMPLOYMENT EXPERIENCE CONTINUED

3.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			
4.	Employer	Telephone	<u>Dates Employed</u>	WORK PERFORMED
	Address			
	Job Title		<u>Hourly Rate/Salary</u> Starting Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet.

Special skills and qualifications:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Trinidad.

Signature of Applicant

Date

APPLICATIONS KEPT ON FILE FOR THIRTY (30) DAYS ONLY