

CITY OF MARFA EMPLOYMENT APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Address Apt/Suite

City State Zip Code

E-MAIL: _____ PHONE: _____

EMPLOYMENT INFORMATION

POSITION APPLIED FOR: _____

DATE AVAILABLE: _____ DESIRED PAY: \$ _____ HOUR SALARY

EMPLOYMENT DESIRED: FULL-TIME PART-TIME SEASONAL

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES NO

*IF YES, WRITE THE START AND END DATES AND JOB TITLE: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

PHONE: _____

ADDRESS: _____
Address Apt/Suite

City State Zip Code

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

EMPLOYER 2: _____
Company / Individual

PHONE: _____

ADDRESS: _____
Address Apt/Suite

City State Zip Code

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

EMPLOYER 3: _____
Company / Individual

PHONE: _____

ADDRESS: _____
Address Apt/Suite

City State Zip Code

JOB TITLE: _____ FROM: _____ TO: _____

REASON FOR LEAVING: _____

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

REFERENCES

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES NO

MAIDEN NAME (IF APPLICABLE) _____

SOCIAL SECURITY NUMBER _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ DATE _____

PRINT NAME _____