

APPLICATION FOR PART TIME EMPLOYMENT

Date: _____

PERSONAL INFORMATION						
Last Name	First Name		MI			
Address	City	State	Zip			
Telephone Number						
If Minor, Parent's Name:						
EMPLOYMENT DESIRED						
<u>Department</u>						
Street: Park:	Library:	-				
Water/Sewer: Electric:						
Date You Can Start:	Duration	of Employment:				
Salary Desired:	Employed by City befo	re:				
Do You Have a Valid Driver's	s License: Yes/No					
Date You Will Get License:						

Date Name and Month/Year		Address of Employer Salary (upon leaving)		Position	Reason for Leaving	
REFERENC				m you have known	at least on	
Nar	ne	Address		Number		Years Acquainte
						1
	<u>, </u>		<u>, </u>			
	=	=	-	application will		
o void same	or for dismiss	al from the "Ci	ity" service at a	ny future date if	I have be	een
mployed.						