

Macedonia Parks and Recreation Department
City of Macedonia
Employment Application

Name _____ Social Security # _____

Position _____ Date _____

How did you hear about this job opening?

Newspaper _____

Currently have a job with the city

Friend/Family Member

Sign in front of Recreation Center

Website _____

Other _____

Permanent Address _____ City _____ State _____ Zip _____ Yrs _____

Home Phone _____ Cell Phone _____ Email _____

Previous Address _____ City _____ State _____ Zip _____ Yrs _____

Have you ever worked for the City of Macedonia? Yes No If yes, when _____

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain _____

Are you legally eligible for employment in this country? Yes No

If under 18, can you furnish a work permit upon our request? Yes No

Date you are available to start? _____

How many hours do you want to work in a typical week? _____

Please list your availability in a typical week? _____

Employment History

1) _____

Present or Last Employer	Starting Date	Ending Date
Job Title	Salary/Wage per hour	
Supervisor's Name and Title	Phone Number	May we contact this employer?
Description of Work		
Reason for Leaving		

2) _____

Employer	Starting Date	Ending Date
Job Title	Salary/Wage per hour	
Supervisor's Name and Title	Phone Number	May we contact this employer?
Description of Work		
Reason for Leaving		

3) _____

Employer	Starting Date	Ending Date
Job Title	Salary/Wage per hour	
Supervisor's Name and Title	Phone Number	May we contact this employer?
Description of Work		
Reason for Leaving		

4) _____

Employer	Starting Date	Ending Date
Job Title	Salary/Wage per hour	
Supervisor's Name and Title	Phone Number	May we contact this employer?
Description of Work		
Reason for Leaving		

Please list any comments about your Employment History including explanation of any gaps in employment:

Education

Level	Name of School	Years Attended	Did you graduate?	Subjects/Major
High School				
College Undergrad				
College Graduate				
Other				

Please list your current or prior certifications (for example: CPR, Lifeguard Training, etc.):

Please list any special training, special skills, course work, or volunteer work and the dates it was completed, that would relate to the job for which you are applying:

References

Name	Relationship to You	Phone	Yrs Acquainted

Emergency Contact Information

In Case of Emergency, Contact: _____ Relationship to you: _____

Phone 1: () _____ Phone 2: () _____

Authorization

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the City of Macedonia’s rules and regulations as a condition of my employment.

Signature _____ Date _____