

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 _____

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	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

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, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my or the City of Macedonia's option.

Signature _____ Date _____