

CITY OF ST. AUGUSTINE

APPLICATION FOR EMPLOYMENT	<i>The City of St. Augustine is an Equal Opportunity Employer. Applicants will not be discriminated against in any aspect of employment based on race, color, religion, sex, age, national origin, disability or marital status.</i>
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P E R S O N A L	Last Name First Middle	Date
	Street Address	Home Phone ()
	City, State, Zip	Business Phone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year _____ Location _____	Social Security No.
	Position Desired	Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?	Will you work overtime if required by the position? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?	When will you be available to begin work?
	Other special training or skills (language, machine operation, etc.)	
How did you hear of our organization?		

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High			Circle 9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle 4 Year Diploma or GED
	Elementary			Circle 1 2 3 4 5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, sex, age, religion, national origin, disability or marital status)

PLEASE ENTER EXPLANATION OR CONTINUATION OF ANY ITEM ON PAGE 4.

