City of Gary Application for Employment PLEASE PRINT

PERSONAL

Are you over the age of 18 years? YES [] NO [] EDUCATION Name and Location of School No. of Years Completed Degree Received High School College or Vocational School List any special courses, training or job-related skills that would enable you to perform the position for which you are applying? EMPLOYMENT Start with your present or most recent position Name of Employer Address Supervisor's Name and Title Date Employed To Describe the Work Performed Vame of Employer Telephone Number	Name:			Date:			
Position desired Date you can start Desired Salary Are you legally eligible to be employed in the United States? YES [] NO [] Are you over the age of 18 years? YES [] NO [] EDUCATION Name and Location of School Course of Years Completed Diploma or Degree Received	Address:						
Are you legally eligible to be employed in the United States? YES [] NO [] Are you over the age of 18 years? YES [] NO [] EDUCATION Name and Location of School Study No. of Years Completed Completed	City:	_ State: Zip Code:		Number	: ()		
Name and Location of School High School College or Vocational School College or Vocational School List any special courses, training or job-related skills that would enable you to perform the position for which you are applying? EMPLOYMENT Start with your present or most recent position Name of Employer Address Supervisor's Name and Title Date Employed To Salary upon leaving Reason for leaving Describe the Work Performed Name of Employer Telephone Number	Position desired	an start		Desired Salary			
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Date Employed From To Salary upon leaving Reason for leaving Describe the Work Performed Name of Employer Telephone Number	Name of Employer	Telephone Number					
Pescribe the Work Performed Name of Employer Telephone Number	Address	Supervisor's Name and Title					
Name of Employer Telephone Number			Salary up	on leaving	Reason for leaving		
	Describe the Work Performed						
Address Supervisor's Name and Title	Name of Employer	Telephone Number					
	Address	Supervisor's Name and Title					
Date Employed Salary upon leaving Reason for leaving To	•		Salary up	on leaving	Reason for leaving		
Describe the Work Performed	Describe the Work Performed						

Employn	nent continued						
Name of Employer			Telephone Number				
Address			Supervisor's Name and Title				
Date Employed From To			Salary upon leaving		Reason for leaving		
Describe the Work Per	rformed						
PERSON Name	AL REFERENCES Lis		ls not related to you, wa apation	hom you ha	ve known at least one year.		
Address		Tele	phone Number	Ye	ears acquainted		
Name		Оссі	Occupation				
Address		Tele	phone Number	Ye	ears acquainted		
Name		Оссі	ıpation				
Address		Tele	phone Number	Ye	ears acquainted		
RECEIVE CONSID DISABILITY, NATI	ERATION FOR POS ONAL ORIGIN, SEX,	ITIONS, WITH SEXUAL ORIEN	OUT REGARD TO VTATION, MARITAL	RACE, C STATUS,	TION, APPLICANTS WILL OLOR, RELIGION, AGE, OR VETERAN STATUS.		
this Application for		grounds for te	rmination from the	city. I und	ormation by me on any part of erstand that if I am hired, my at prior notice.		
Signature:				Date	:		