

City of Galva

P. O. BOX 223
PHONE (316) 654-3561
GALVA, KANSAS 67443-223

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

NAME: _____ DATE: _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER
PRESENT ADDRESS _____
STREET CITY STATE ZIP
PHONE NO. _____ ARE YOU 18 YEARS OR OLDER: YES NO
ARE YOU EITHER A U.S. CITIZEN OR A ALIEN AUTHORIZED TO WORK IN THE U. S.? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____
IF SO MAY WE INQUIRE
ARE YOU EMPLOYED NOW? _____ OF YOUR PRESENT EMPLOYER? _____

EDUCATION

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

GENERAL INFORMATION

PLEASE LIST ALL TRAINING OR EXPERIENCE BELOW THAT PERTAINS TO THIS POSITION.

