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 INFORMATI	ON				
FERSONAL IN ORMAN			DATE:		
			SOCIAL SEC	URITY	
NAME:			NUMBER		
LAST	FIRST	MIDDLE			
PRESENT ADDRESS				710	
	STREET	CITY	STATE	. ZIP	
PHONE NO.		ARE YOU	J 18 YEARS OR OLL	DER: YES NO	
ARE YOU EITHER A U.S	<u> S. CITIZEN OR A ALI</u>	EN AUTHORIZED T	O WORK IN THE U	. S.? YES NO	
EMPLOYMENT DI		DATE YOU	SALA	ARY	
DOCITION		CAN START		IRED	
POSITION			MAY WE INQU		
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EDUCATION	NAME AND LOCA	TION OF SCHOOL	YEARS	DID YOU GRADUATE?	SUBJECTS STUDIE
		•	ATTENDED	GRADUATES	
GRAMMAR SCHOOL					
HIGH CCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR	·	*	*.		,
CORRESPONDENCE					
SCHOOL					
U.S. MILITARY OR		PRES	SENT MEMBERSHIP	IN	
NAVAL SERVICE	RANH		ONAL GUARD OR R	ESERVES	
11/11/12 02:11/202				·	
GENERAL	PLEASE	LIST ALL TRAININ	G OR EXPERIENCE	BELOW THAT PERTAI	NS TO THIS POSITION
INFORMATION					
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DATE	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
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REFERENCES:	GIVE THE NAMES OF THREE PERSON	IS NOT RELATED	TO TOO, KNOW AT L	
NAME	ADDRESS	BUSINESS		YEARS
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OURT, AND (5) A VHAT YOU WERE PECISION CAN BE	· · · · · · · · · · · · · · · · · · ·	IN DOES NOT AU	TOMATICALLY MEAN	YOU CANNOT BE CONSIDERED
SENERAL HEALTH				
HAVE YOU EVER B	EEN INJURED OR OPERATED ON?			
DESCRIBE ANY PH	YSICAL DEFECT:			
N CASE OF				
EMERGENCY NOTI	NAME ADDR	ESS	PHC	ONE NO.
KNOWLEDGE AN GROUNDS FOR D	T THE FACTS CONTAINED IN THIS D I UNDERSTAND THAT IF EMPLOY ISMISSAL. IVESTIGATION OF ALL STATEMEN	APPLICATION YED, FALSIFIED TS CONTAINED	HEREIN AND THE	REFERENCES LISTED ABOV
TNFORMATION 1	HEY MAY HAVE, AND RELEASE AL	L PARTIES FOR	M ALL LIABILITY	FOR ANY DAMAGE THAT MA
INFORMATION T	THEY MAY HAVE, AND RELEASE AL JRNISHING SAME TO YOU. AND AGREE THAT IF HIRED, I THE DATE OF PAYMENT OF MY W	L PARTIES FOR	NT IS FOR NO D	EFINITE PERIOD AND MA