



CITY OF MILTON / MILTON MUNICIPAL UTILITIES APPLICATION FOR EMPLOYMENT

Section 1. Personal Information and Attestation <small>(Employees must complete and sign Section 1 no later than the first day of employment, but not before accepting a job offer.)</small>				
Last Name <i>(Family Name)</i>	First Name <i>(Given Name)</i>	Middle Initial	Other Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>	Apt. Number	City of Town		State
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number		Phone Numbers Home: _____ Cell: _____	
E-mail Address: _____				
Race	Hair Color	Height	Weight	Eye Color
Tattoos/Markings (Describe) _____				
Have you ever pleaded "guilty" or "no Contest" to, or been convicted of, a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please provide date(s) and details: _____				

Section 2. Driver's Licenses Information		
Do you have a current license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the following: Type: _____ Number: _____ Exp. Date: _____ State(s) Issued: _____	
Are there any current restriction on your license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____	
Have you ever had any disciplinary action taken against your license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain: _____	
List additional license information below: _____		
Other certificates and/or license: _____		

Section 3. Position Information		
Position(s) Applied for: _____	Expected Pay: _____	
Are You Applying for: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Preferred Shift(s): _____	On what date would you be available for work? _____
Have you ever submitted an application or been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give date(s) and positions(s): _____		
How were you referred to our organization? _____		
Will you travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If explained, are you able to meet attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 4. Employment History (Starting with your most recent employer, provide the following information)

Employer	Telephone	Dates Employed:	To:
Street Address	City	State	Compensation (Starting)
Starting job title / final job title:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Immediate supervisor and title (for most recent position held).		Commission/Bonus/Other Compensation \$ _____	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/> E-mail		Compensation (Final)	
Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____	

Employer	Telephone	Dates Employed:	To:
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Why did you leave?		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	\$ _____ per
Summarize type of work performed and job responsibilities.		Commission/Bonus/Other Compensation \$ _____	

*** * I hereby give my consent to the City of Milton to perform a background investigation. * ***

Applicant Signature	Date
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