

## The Gas Board of the City of Boaz

## **Employment Application**

Applicant Information							
Full Name:			Date:				
	Last Fire	st			M.I.		
Address:							
	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		E	Email				
Date Availat	Available: Social Security No.:_			Desired Salary:			
Position Applied for:							
Are you a citizen of the United States?  YES NO			$\begin{array}{ccc} & & & & & & YES & & NO \\ \text{If no, are you authorized to work in the U.S.?} & & & & & & & & & & & & & & & & & & &$				
YES NO Have you ever worked for this company?     YES NO   If yes, when?							
YES NO Have you ever been convicted of a felony?							
If yes, expla	in:						
		Educa	ation				
High School: Address:							
From:	To: Did you g	graduate?	YES	NO	Diploma:		
College: Address:							
From:	To: Did you g		YES	NO	Degree:		
Other: Address:							
From:	To: Did you g	graduate?	YES	NO	Degree:		
References							
Please list three professional references.							
Full Name:			Relationship:				
Company:							
Address:							

0				Relationship:Phone:		
Campani				Relationship:Phone:		
	Certifications, Licens	es or Othe	r Train	ing		
Description:	Number/State Issued:					
Description:	Number/State Issued:					
Description:	Number/State Issued:					
Description:	Number/State Issued:					
	Provious En	nnlovmont				
Company	Previous En			Dhono		
Company: Address:				Phone:Supervisor:		
	Starting Sala					
Responsibilities	s:					
May we contac	ct your previous supervisor for a reference?	YES	NO			
Company:				Phone:Supervisor:		
Job Title:	Starting Salary: <b>\$</b>			Ending Salary: <u>\$</u>		
Responsibilities	s:					
From:	To:	Reason for L	_eaving:_			
May we contac	ct your previous supervisor for a reference?	YES	NO			
Company:				Phone		
Address:				Phone:Supervisor:		
.lob Title·	Starting Sa	ılarv: <b>\$</b>		Ending Salary:\$		

Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES NO						
Additional Skills							
Please list any additional skills including specialized training or certifications any electronic or mechanical equipment							
that you are qualified to operate or repair:							
Military Service							
Branch:	From: To:						
Rank at Discharge:	Type of Discharge:						
If other than honorable, explain:							
Disclaimer a	and Signature						
	City of Boaz is an equal opportunity employer and does						
I certify that my answers are true and complete to the be	est of my knowledge.						
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.							
Signature:	Date:						