



APPLICATION FOR EMPLOYMENT  
Pre-employment Questionnaire/Equal Opportunity Employer

DATE \_\_\_\_\_

**Personal Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever applied to/worked for the City of Seneca?    Y    N

If yes, please explain (include date): \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for City of Seneca?    Y    N

If yes, state name/relationship. \_\_\_\_\_

\_\_\_\_\_

If hired, would you have transportation to/from work?    Y    N

Are you over the age of 18?    Y    N    If Applying for police officer, are you over 21?    Y    N

If you are under the age of 18, do you have an employment/age certificate?    Y    N

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?    Y    N

Position Applying For: \_\_\_\_\_ Desired Salary? \$ \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation?    Y    N

If no, describe the functions that cannot be performed: \_\_\_\_\_

**Education, Training and Experience**

**HIGH SCHOOL**

School Name: \_\_\_\_\_ School Address: \_\_\_\_\_

School City/State/Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate?    Y    N    Diploma earned:    Y    N

**COLLEGE/UNIVERSITY**

University Name: \_\_\_\_\_ University Address: \_\_\_\_\_

University City/State/Zip: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Did you graduate:    Y    N

Degree/Diploma Earned: \_\_\_\_\_

**VOCATIONAL**

Vocational School Name: \_\_\_\_\_

Vocational School Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of years Completed: \_\_\_\_\_ Did you graduate?    Y    N

Degree/Diploma Earned: \_\_\_\_\_



**MILITARY**

Branch: \_\_\_\_\_

Rank in Military: \_\_\_\_\_

Total Years of Service: \_\_\_\_\_

Skills/Duties: \_\_\_\_\_

Related Details: \_\_\_\_\_

**SKILLS AND QUALIFICATIONS: Licenses, Skills, Training, Awards**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak, write or understand any foreign languages?      Y      N

If yes, list which languages and how fluent you consider yourself to be:

\_\_\_\_\_

**EMPLOYMENT**

You should be prepared to detail each position for the past five years and account for any gaps in employment during that period.

Are you currently employed?      Y      N

If you are currently employed, may we contact your current employer?      Y      N

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?      Y      N

Name of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Type: \_\_\_\_\_ Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Length of Employment (include dates): \_\_\_\_\_

Position & Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer for references?      Y      N



## REFERENCES

List below three persons who have knowledge of your work performance within the last four years.

Please include professional references only.

First/Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

First/Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

First/Last Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of Years Acquainted: \_\_\_\_\_

## CERTIFICATION

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment if I am hired. I authorize the verification of any and all information listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_