

**CITY OF SENECA
APPLICATION FOR EMPLOYMENT**

NAME _____

ADDRESS _____

PHONE NUMBER _____ SOCIAL SECURITY NO. _____

EDUCATION – YEARS COMPLETED _____

ARE YOU SIXTEEN YEARS OF AGE OR OVER: YES _____ NO _____

ARE YOU EIGHTEEN YEARS OF AGE OR OVER: YES _____ NO _____

WORK EXPERIENCE - - - WHERE EMPLOYED, WHAT TYPE OF WORK AND HOW LONG WERE YOU EMPLOYED THERE – PLEASE LIST, BEGINNING WITH YOUR MOST RECENT EMPLOYMENT:

WHAT TYPE OF WORK ARE YOU APPLYING FOR? _____

WHAT ARE YOUR SPECIAL QUALIFICATIONS? _____

PERSONAL REFERENCES: (NAME, ADDRESS, PHONE NUMBER)

OTHER NOTES: _____