

**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 \_\_\_\_\_

DESIRED RATE OF PAY: \_\_\_\_\_/HOUR

**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: \_\_\_\_\_