



CITY OF GONZALES

120 South Irma Blvd
Gonzales, LA 70737

(225) 647-2841

(225) 647-9557 FAX (225) 644-8569

Employment Application

www.gonzalesla.com

APPLICANT INFORMATION					
Last Name		First	M.I.	Date	
Street Address			Apartment/Unit #		
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Date of birth	
Drivers license number					
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()

PREVIOUS EMPLOYMENT

Company				Phone ()	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ()	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company				Phone ()	
Address				Supervisor	
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

MILITARY SERVICE

Branch		From		To	
Rank at Discharge				Type of Discharge	
If other than honorable, explain					

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best 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	
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