



P.O. Drawer B  
 Waldo, FL 32694-0802  
 Established 1859

Office: 352-468-1001  
 Fax: 352-468-2482  
 www.waldo-fl.com

## Employment Application

**The City of Waldo is an Affirmative Action/Equal Opportunity Employer**

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

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 yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: \_\_\_\_\_

### Education

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

### References

*Please list three professional references.*

Full Name: _____	Relationship: _____	Phone: (    ) _____
Company: _____		
Address: _____		
<hr/>		
Full Name: _____	Relationship: _____	Phone: (    ) _____
Company: _____		
Address: _____		
<hr/>		
Full Name: _____	Relationship: _____	Phone: (    ) _____
Company: _____		
Address: _____		

### 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 NO

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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 NO

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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 NO

### 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: \_\_\_\_\_