

## CITY OF CELINA SEASONAL APPLICATION FOR EMPLOYMENT

	DATE				
Name					
(last)	(first	:)	(Midd	le)	
Present Address					
No.	Stree		•	State	Zip
Telephone #					
Are you at least 14 Years of		_			
Do you have any physical	condition whic	th may limit y	our ability	to perform the p	particular job for which
you are applying?	If yes, desc	cribe such co	ndition		
Do you have a method of	transportation	to get to wo	rk? (Please	describe)	
Position applying for:			Rate	of pay expected	
Were you previously emp	loyed by us?	If	f so, when?		
What rate of pay did you	oreviously rece	ive?	Posit	tion employed as	S
List any friends or relative	s working for u	s			
If your application is consi	dered favorabl	y, on what d	ate will you	be available for	work?
Are there any other exper	iences, skills, o	r qualificatio	ns which yo	ou feel would esp	pecially fit you for work
with our organization?					
<b>EDUCATION</b>					
				Did you	List Diploma or
<u>School Name</u>		<u>City</u>	<u>State</u>	graduate?	<u>Degree</u>
Elementary					
High					
College					
DEDCOMM. DETERMINES (*					
PERSONAL REFERENCES (	Not Relatives)	٠ ما ما سم م		Talamb	
Name and Occupation		<u>Address</u>		<u>Teleph</u>	one #