CITY OF PARK HILLS APPLICATION FOR SEASONAL EMPLOYMENT

NAME (Please Print) _			
		PHONE #	
HAVE YOU EVER WO	ORKED FOR THE CITY (OF PARK HILLS?	
If yes, when and what jo	b?		
Do you have any relatives working for the City? If yes, give names and			
relationship:			
POSITION DESIRED:			
RELATED EXPERIENCE FOR THIS POSITION:			
ARE YOU LEGALLY	ELIGIBLE FOR EMPLOY	MENT IN THIS COUNTRY?	
EDUCATION: HIGH S	CHOOL GRADUATE? _	IF NO, HIGHEST	
GRADE COMPLETED		6	
COLLEGE GRADUATE? DEGREE, IF ANY			
SPECIAL TRAINING_			
LIST PREVIOUS EMP	LOYMENT (Beginning W	7ith Most Recent)	
	vi		
415	d, my employment would y either party, with or with	be "at-will" and could be nout cause and with or without	

(SEE REVERSE SIDE)

notice.

I understand that the City of Park Hills has a drug and alcohol policy that provides for pre-employment testing as well as random testing for certain job classifications after employment. I understand that consent to and compliance with the policy is a condition of my employment.

If employed by the City of Park Hills, I agree to abide by its rules and regulations.

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by the City of Park Hills.

I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own free judgment.

Signature	Date