THE CITY OF PORTSMOUTH

APPLICANT INFORMATION

This information will be used for statistical purposes only and will not be made available to interviewers. Please complete and return to the Human Resource Management with your application.

DATE: _____/_____/_____ **FOR HRM USE ONLY: JOB CODE _____**

NAME: _____ **SSN:** _____-____-_____
LAST **FIRST** **MI**

ADDRESS: _____
HOUSE/APT # STREET CITY STATE ZIP

TELEPHONE: (_____) _____-_____ **DATE OF BIRTH:** _____/_____/_____

POSITION TITLE: _____

SEX: FEMALE ☐ MALE ☐

RACE: WHITE ☐ BLACK ☐ HISPANIC ☐ ASIAN OR PACIFIC ISLANDER ☐

AMERICAN INDIAN OR ALASKAN NATIVE ☐

DO YOU HAVE A MENTAL OR PHYSICAL DISABILITY? YES ☐ NO ☐

CIRCLE HIGHEST GRADE COMPLETED: 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20

TYPE OF DEGREE: ASSOCIATES ☐ BACHELORS ☐ MASTERS ☐ OTHER ☐