

VILLAGE OF SPECULATOR - APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For: _____ Date of Application _____

How did you learn about us?

Advertisement ___ Employment Agency ___ Friend ___ Relative ___ Walk-In ___ Other _____

Last Name _____ First Name _____ Middle Initial _____

Address _____
Number Street City State Zip Code

Phone Number _____ Cell Phone _____ SSN _____

Email _____

Have you ever filed an application with us before? _____ If Yes, give date _____

Have you ever been employed with us before? _____ If Yes, give date _____

Are you currently employed? _____

May we contact your present employer? _____

Are you prevented from lawfully becoming employed in this country because of Immigration status? _____
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: ___ Full-time ___ Part Time ___ Temporary

Are you currently on "lay-off" status and subject to recall? _____

Have you been convicted of a felony within the last 7 years? _____ If Yes, please explain: _____

Conviction will not necessarily disqualify an applicant from employment.

EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
Elementary / High				
Undergraduate				
Graduate				
Other (Specify)				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

EMPLOYMENT EXPERIENCE – Please list most current employer first.

EMPLOYER _____ DATES EMPLOYED _____

ADDRESS _____ WORK PERFORMED _____

PHONE NUMBER _____ JOB TITLE _____ HOURLY RATE/SALARY _____

SUPERVISOR _____ REASON FOR LEAVING _____

EMPLOYER _____ DATES EMPLOYED _____

ADDRESS _____ WORK PERFORMED _____

PHONE NUMBER _____ JOB TITLE _____ HOURLY RATE/SALARY _____

SUPERVISOR _____ REASON FOR LEAVING _____

EMPLOYER _____ DATES EMPLOYED _____

ADDRESS _____ WORK PERFORMED _____

PHONE NUMBER _____ JOB TITLE _____ HOURLY RATE/SALARY _____

SUPERVISOR _____ REASON FOR LEAVING _____

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

OTHER QUALIFICATIONS

SUMMARIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE OR ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

REFERENCES

1. _____ () _____
Name Phone #

Address

2. _____ () _____
Name Phone #

Address

3. _____ () _____
Name Phone #

Address

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or be conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY:

ARRANGE INTERVIEW: _____ YES _____ NO IF YES - INTERVIEW DATE & TIME: _____

REMARKS: _____

RECEIVED BY: _____ DATE _____
NAME AND TITLE