APPLICATION FOR EMPLOYMENT

An EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Date of Application	Position(s) Applied For
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Name	Telephone									
	Last	Ι	First	Middle		Area code				
Address	Number	Street	City		State	Zip Code				
If employ	ved and under		□Yes	□No						
•	Have you filed an application with the Village of Fredericktown before?									
Have you	0	nployed with the	e Village of Frede	ericktown before	?	□Yes	□No			
•	currently emp	ployed?				□Yes	□No			
If yes,	may we conta	act your present	employer?			□Yes	□No			
Are you prevented from lawfully becoming employed \Box Yes \Box Noin this country because of visa or immigration status?(Proof of citizenship or immigration status will be required upon employment.) \Box										
On what	date would yo	ou be available f	for work?							
When are	you availabl	e to work?	□ Full Time	□ Part Time	🗆 Shi	ft Work 🛛	Temporary			
•		•	vithin the last 7 years applicant from em			□Yes	□No			
If yes, ple	ease explain:									

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EDUCATION:

	High School			Vocational Training			College/ University			Graduate/ Professional						
School Name																
Years Completed/ Degree	9 □	10	11	12 □	1	2	3	4	1	2	3	4	1	2	3	4
Diploma/ Degree																
Describe Course of Study																
Describe Specialized Training, Apprenticeship, Skills and Extra- Curricular Activities																

Honors Received: _

State any additional information you feel may be helpful to us in considering your application.

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List professional, trade, business or civic activities and offices held. (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

Give name, address and telephone numbers of three references who are not related to you and are not previous employers.

1.	Name:	Telephone:
	Address:	
2.	Name:	
	Address:	
3.	Name:	Telephone:
	Address:	

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. (You may exclude organization names that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

1.	Employer:		Dates Employed					
	Address:		From:	То:				
	Phone Number:		Hourly Rate/ Salary					
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:		i					
	Reason for Leaving:							

2.	Employer:		Dates Employed					
	Address:		From:	To:				
	Phone Number:		Hourly Rate/ Salary					
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:							
	Reason for Leaving:							
-								
3.	Employer:		Dates Empl	-				
	Address:		From:	То:				
	Phone Number:		Hourly Rate/ Salary					
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:							
	Reason for Leaving:							
4.	Employer:		Dates Emp	loyed				
	Address:		From:	To:				
	Phone Number:		Hourly Rate/	Salary				
	Job Title:	Supervisor:	Starting:	Final:				
	Work Performed:							
	Reason for Leaving:							

If you need additional space, please continue on a separate sheet of paper.

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<u>Special Skills and Qualifications</u> Summarize special skills and qualifications acquired from employment experience or education.

NOTES:

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Applicant's Statement

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 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and me in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) 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