

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.

(Please Print)

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 Name							
Address		Number		Street		City		State		Zip Code	
Telephone Number				Cell Number				Social Security Number			
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? _____
Conviction will not necessarily disqualify an applicant from employment.
If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYEE

EDUCATION

NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
ELEMENTARY SCHOOL/HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE PROFESSIONAL			
OTHER (SPECIFY)			

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

EMPLOYMENT EXPERIENCE – Please list most current employer first.

EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		
EMPLOYER	DATES EMPLOYED	WORK PERFORMED
ADDRESS		
TELEPHONE NUMBER	HOURLY RATE/SALARY	
JOB TITLE	SUPERVISOR	
REASON FOR LEAVING		

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

ADDITIONAL INFORMATION

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	
REMARKS	
<hr/>	
<hr/>	
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EMPLOYED ____ YES ____ NO	DATE OF EMPLOYMENT _____
JOB TITLE _____	HOURLY RATE/SALARY _____
DEPARTMENT _____	
BY _____	
NAME AND TITLE	DATE