



# Application for Employment

## Village of Howards Grove

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name \_\_\_\_\_  
Last First M.I.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security #: Must be supplied if offered a position.

Position Applying For: \_\_\_\_\_

What source led you to make application with us?  Advertisement  Employment Agency  
 Relative  Friend  Other \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No

*Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.*

Are you at least 18 years of age?  Yes  No

Have you ever been convicted of a crime or are there any pending charges against you? (*A conviction does not automatically bar you from employment*)  Yes  No If yes, include details \_\_\_\_\_

Are you presently employed?  Yes  No If so, may we contact your present employer?  Yes  No

If hired, when would you be available? \_\_\_\_\_

What are your salary requirements? \_\_\_\_\_

# Employment History

Please list your last three (3) employers and complete all requested information. List present or most recent employer first. Use an additional page, if necessary.

<b>Employer</b>	Employed (mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

<b>Employer</b>	Employed (mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

<b>Employer</b>	Employed (mo./Yr.)  From:  To:	Type of work performed	Present or last salary	Reason for leaving
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Address/City

Name of Supervisor

# Education

Schools	Name/Location	# of Years Completed	Major/Courses	Diploma/Degree
High School				
College				
Business or Trade				

If you served in the United States Armed Forces, briefly describe the skills you acquired: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are an experienced operator of any office machines or equipment, please list:

\_\_\_\_\_

\_\_\_\_\_

Do you have any other skills you wish to mention? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# References

Please list two (2) work or personal references, which are not related to you.

	Reference #1	Reference #2
Name:		
Occupation:		
Address:		
City, State, Zip:		
Phone Number (Daytime):		

*\*For additional references, please attach a separate sheet.*

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I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature \_\_\_\_\_ Date \_\_\_\_\_