

# Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex (gender), national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT OR TYPE)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you hear about the job?

\_\_\_\_\_ Advertisement      \_\_\_\_\_ Friend      \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency      \_\_\_\_\_ Relative      \_\_\_\_\_ Other: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                                Number                          Street    City    State

Zip Code

Telephone Number(s): \_\_\_\_\_

If you are under 18 years of age, can you provide required proof of your eligibility to work?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you ever filed an application with us before?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, give date: \_\_\_\_\_

Have you ever been employed with us before?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, give date: \_\_\_\_\_

Are you currently employed?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

May we contact your current employer?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Proof of citizenship or immigration will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full Time      \_\_\_\_\_ Part Time  
  \_\_\_\_\_ Shift Work      \_\_\_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Can you travel if a job requires it?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

## Employment History and Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender (sex), national origin, handicap or other protected status.

Employer		Dates Employed		Work Performed
Address				
Telephone & FAX Numbers		Hrly. Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason for Leaving				

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Continue to next page for employment history.

## Employment History and Experience Continued

Employer		Dates Employed		Work Performed
Address				
		Telephone & FAX Numbers		Hrly. Rate/Salary
Job Title	Supervisor	Starting	Final	
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## Education

	Elementary School					High School				Undergraduate College/University				Graduate/ Professional degree			
School Name & Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	

Describe any specialized training, apprenticeship, skills, and extra-curricular activities	
Describe any honors you have received	
State any additional information you feel may be helpful to us in considering your application	

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

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**Special Skills and other Qualifications:**

Summarize special job-related skills and qualifications acquired from employment or other experiences.

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**Have you ever had any job-related training in the United States military?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying? \_\_\_\_\_ Yes \_\_\_\_\_ No

**References:**  
Give name, address, telephone and FAX number (s) of three (3) references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview: \_\_\_\_\_ Yes \_\_\_\_\_ No

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Interviewer (s) \_\_\_\_\_ Date: \_\_\_\_\_

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hourly Rate /  
Salary \_\_\_\_\_ Dept. \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Title

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 60 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 by 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 (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I, also, further understand that employment is pending until a physical and drug screening is completed and the results are verified by a doctor chosen by the Employer and that said Employer bare the cost of such tests.

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**Do NOT forget to sign and date the next page.**

**Have a witness from our office  
or a Notary Public sign and date  
the next page.**

DO NOT FILL OUT TOP SECTION OF THIS FORM

Pre-Employment Reference Request Form

To: \_\_\_\_\_ Regarding: \_\_\_\_\_

\_\_\_\_\_ Social Security # \_\_\_\_\_

\_\_\_\_\_ Position: \_\_\_\_\_

The person named above has listed your organization as a former employer. Please help us to evaluate this applicant. Be assured that all information provided will be held in the strictest of confidence.

\_\_\_\_\_  
DARLA TIPTON CLERK/TREASURER

Authorization for Information Release

I hereby authorize my former/present employer(s) to furnish the Village of Carrollton and its authorized agents with any and all information concerning my employment records and I hereby release my former/present employer(s) from all liability for any damages arising as a result of providing the information requested on this form.

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_ Date Signed: \_\_\_\_\_  
Signature of Witness or Notary Public

DO NOT FILL OUT TOP SECTION OF THIS FORM

Please sign and date ONLY.  
Have a witness from our office  
or a Notary Public  
Sign and date this page.