

VILLAGE OF TILTONSVILLE

EMPLOYMENT APPLICATION

Military Experience: ☐ Yes ☐ No

If Yes, please attach copy of DD214

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

(PLEASE PRINT)

Position Applied For: _____

Date of Application: _____

How did you learn about this Position(s)?

☐ Newspaper ☐ Website ☐ Current Employee ☐ Other, Please specify: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last Name: _____ First Name: _____ Middle Name: _____

Address: (Number) (Street) (City) (State) (Zip Code)

Telephone Number(s) _____

Social Security Number _____

Best time to contact you at home is: _____ : _____ AM/PM

If you are under 18 years of age, can you provide 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: _____

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present 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 status will be required upon employment.

Date available for work: _____ What is your desired salary range? _____

Are you available to work: ☐ Full Time (Please indicate 1 2 3 shift)

☐ Part Time (Please indicate Mornings Afternoons Evenings)

☐ Temporary (Please indicate dates available _____)

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

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION/TRAINING

	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, skills and extra-curricular activities:

[illegible]

Describe any job-related training received in the United States Military:

EMPLOYMENT HISTORY

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

Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

SKILLS:

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

SPECIALIZED SKILLS:

Include equipment-operated skills, i.e., computer, motorized equipment.

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

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

☐ Yes ☐ No

A review of the activities involved in such a job or occupation has been given?

☐ Yes ☐ No

REFERENCES:

1. _____
(Name) (Telephone Number)

(Address)
2. _____
(Name) (Telephone Number)

(Address)
3. _____
(Name) (Telephone Number)

(Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I 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 individual of the Village of Tiltonsville.

I authorize the Village of Tiltonsville to conduct a thorough background investigation of my work and personal history, and verify all data given on this application during interviews. I hereby release the Village of Tiltonsville and its representatives or agents from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Village of Tiltonsville requires the successful completion of a drug and/or alcohol test as a condition of employment.

I understand this application will be active for a period of 90 days; after that time if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: ☐ Yes ☐ No

Remarks: _____

Interviewer _____ Date _____

Employed: ☐ Yes ☐ No

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

By: _____
Name and Title _____ Date _____