

Village of Downs

Employment Application

Date _____

Legal Name (Print) _____
LAST FIRST MIDDLE PREFERRED NAME

Social Security Number _____ Business Telephone (____) _____ ext. _____

May we contact you at work? Yes No

Can your education and/or employment records be verified using the above name and social security number? Yes No

If no, list other name(s) and/or social security number(s). _____

Current Address _____ Phone (____) _____
NUMBER AND STREET CITY, STATE, ZIP CODE

Permanent Address _____ Phone (____) _____
NUMBER AND STREET CITY, STATE, ZIP CODE

Last three addresses (List most recent former address first.)

NUMBER AND STREET	CITY, STATE, ZIP CODE	FROM (MO./YR.)	TO (MO./YR.)

Position (Job) applying for _____

Would you work: Full time Part time 3 months or less Date available for work _____

Specify days and hours if part time _____

Do you object to working beyond the hours of the usual business day? Yes No

Were you previously employed by the Village of Downs? Yes No If yes, where? _____

Termination date _____ Name at time of termination _____

Have you previously applied for a position with the Village of Downs? Yes No

If yes, name at time of application _____

Do you have a reliable way to get to work? Yes No How? _____

Do you have a drivers license? Yes No Drivers license # and State of issue _____

Has your drivers license ever been suspended or revoked? Yes No If yes, date _____

Explain _____

Have you been involved in any auto accidents in the last five years? Yes Number _____ No

Have you been convicted of or admitted guilt to any moving violations in the last five years? Yes No If yes, explain _____

Have you ever entered a plea of guilty to, been convicted of, or forfeited bond in relation to a felony or any dishonest act?

Yes No If yes, specify offense, date, and court. _____

List any license(s) or training certificate(s) you possess which relate to the position you are applying for. _____

