

# 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 \_\_\_\_\_  
NUMBER AND STREET CITY, STATE, ZIP CODE Phone (\_\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_  
NUMBER AND STREET CITY, STATE, ZIP CODE Phone (\_\_\_\_\_) \_\_\_\_\_

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. \_\_\_\_\_

Circle Last Year Completed	Trade or High School 9 10 11 12 GED	Technical, Business School, College 1 2 3 4 5	Graduate School 1 2 3 4
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High School Name	Location	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Point Average
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List every Business, Trade School or College attended	Location	Dates Attended (From-To)	Date of Graduation	College Major	College Minor	Degree Received	Grade Point Average

Extracurricular Activities (Include offices held, awards, honors received, etc.):

High School \_\_\_\_\_

College \_\_\_\_\_

**CHECK SKILLS & TRAINING ACQUIRED**

☐ Typing —WPM \_\_\_\_\_ Errors \_\_\_\_\_
 ☐ Personal Computer Operation
 ☐ Accounting
 ☐ Programming

☐ Other \_\_\_\_\_

<b>DATES EMPLOYED</b> Mo.                      Yr. From _____ To _____	<b>COMPANY NAME AND ADDRESS</b> _____ _____ _____ <small>(include Street, City, State, and Zip Code)</small>	<b>SUPERVISOR'S NAME, TITLE, PHONE #</b> _____ _____ _____
<b>SALARY</b> Initial \$ _____ Per _____ Final \$ _____ Per _____	<b>TITLES OF JOBS HELD</b> _____ _____	<b>REASONS FOR LEAVING</b> _____ _____

DESCRIBE WORK PERFORMED \_\_\_\_\_

<b>DATES EMPLOYED</b> Mo.                      Yr. From _____ To _____	<b>COMPANY NAME AND ADDRESS</b> _____ _____ _____ <small>(include Street, City, State, and Zip Code)</small>	<b>SUPERVISOR'S NAME, TITLE, PHONE #</b> _____ _____ _____
<b>SALARY</b> Initial \$ _____ Per _____ Final \$ _____ Per _____	<b>TITLES OF JOBS HELD</b> _____ _____	<b>REASONS FOR LEAVING</b> _____ _____

DESCRIBE WORK PERFORMED \_\_\_\_\_

<b>DATES EMPLOYED</b> Mo.                      Yr. From _____ To _____	<b>COMPANY NAME AND ADDRESS</b> _____ _____ _____ <small>(include Street, City, State, and Zip Code)</small>	<b>SUPERVISOR'S NAME, TITLE, PHONE #</b> _____ _____ _____
<b>SALARY</b> Initial \$ _____ Per _____ Final \$ _____ Per _____	<b>TITLES OF JOBS HELD</b> _____ _____	<b>REASONS FOR LEAVING</b> _____ _____



Describe additional job-related experiences, volunteer work experiences, special skills, and training acquired which would be helpful in assessing your qualifications for employment consideration. \_\_\_\_\_

List professional and business organizations to which you belong. \_\_\_\_\_

If you are currently employed, may your employer be contacted at this time for a reference? ☐ Yes ☐ No

Have you ever been unemployed when you were not attending school full time? ☐ Yes ☐ No

If yes, give dates and reasons \_\_\_\_\_

What starting salary do you expect? \$ \_\_\_\_\_ Per \_\_\_\_\_

Give the names of three people who would be willing to provide an employment reference on your behalf.

NAME / PHONE NUMBER

ADDRESS  
(Indicate street, city, state, and zip code)

OCCUPATION

( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

( \_\_\_\_\_ ) \_\_\_\_\_

I understand that the Village of Downs retains the sole right to determine terms and conditions of employment. No Trustee has the authority to enter into any employment agreement to the contrary.

I also understand that Federal law prohibits the Village of Downs from hiring persons who are not authorized to work in the United States. I represent that I will possess unrestricted employment authorization and will provide the Village of Downs with documents verifying my identity and employment eligibility if and when I am offered employment.

In addition, I understand that misrepresentations or false information on this application can result in discontinuation of employment consideration or, if I am employed, my discharge.

I authorize the Village of Downs to contact:

- My previous employers
- The schools I attended
- The personal references I have listed

to make any investigation of my personal, financial, and credit background necessary for the purpose of evaluating my qualifications for employment. This authorization and application for employment extends for six (6) months from today's date.

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