

# VILLAGE OF DENNISON

## EMPLOYMENT APPLICATION

THIS APPLICATION IS CURRENT ONLY FOR THIRTY (30) DAYS, AT THE CONCLUSION OF WHICH TIME, IF YOU HAVE NOT HEARD FROM US AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR YOU TO FILL OUT A NEW APPLICATION. APPLICATIONS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR DISABILITY.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Are you on layoff or recall?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Shift Preference? 1 <sup>st</sup> ___ 2 <sup>nd</sup> ___ 3 <sup>rd</sup> ___	Are you able to work	Full Time _____ Part Time _____	
Are you prevented from lawfully becoming employed because of Visa or Immigration status?	Yes _____ No _____	Do you have relatives employed here? _____ Who? _____	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

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Full Name	Relationship
Company	Phone (     )
Address	

### PREVIOUS EMPLOYMENT

Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (     )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

### MILITARY SERVICE

Branch	From            To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

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### DISCLAIMER AND SIGNATURE

In signing this application for employment, I state that I am genuinely interested in employment with the Village of Dennison. I further state that under penalty of perjury that in completing this application form for employment, all my responses are true to the best of my knowledge. I understand that by accepting this application neither the Village nor any of its employees have made any expressed or implied offers of employment. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without any prior notice. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application interview(s) may result in discharge and that I will be required to abide by all rules and regulations of the Village. I understand that as a condition of employment I may be required to submit a blood and/or urine test for determining the use of drugs. By submitting this application, I agree to submit such a test to certify that I am not currently using any illegal or illicit drugs.

Signature

Date