

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Available: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO   
 Have you worked for the Village in the past? YES  NO  If yes, when? \_\_\_\_\_  
 Have you ever been convicted of a felony? YES  NO

If yes, please explain: \_\_\_\_\_

*\*\* A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fid occupational qualification inherent in the position which requires this information prior to hiring.*

Indicate the days you are available to work: MON  TUE  WED  THU  FRI  SAT  SUN

**Education**

High School	Years Attended	Field of Study	Degree Obtained
College/University/Technical	Years Attended	Field of Study	Degree Obtained

**References**

Please list three professional references:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Previous Employment

Start with your present or most recent employment and work backward a minimum of 10 years.  
Use a separate sheet if necessary. *INCLUDE PAID AND UNPAID POSITIONS.*

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact your previous employer? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employed from: \_\_\_\_\_ to: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact your previous employer? Yes  No

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that if any false information, omission, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. I understand and agree to the information shown above.*

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

## Additional for Street/Water/Sewer Applicants

Do you have a valid Driver's License?    YES     NO     Class?    A     B     C     D     State: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

ACCIDENT RECORD FOR PAST 5 YEARS (This information will be verified)			
Date	Nature of Accident	No. of Fatalities	No. of Injures

TRAFFIC CONVICTIONS FOR PAST 5 YEARS (This information will be verified)			
Date	Violation	State	Penalty

DRIVING & EQUIPMENT OPERATING EXPERIENCE			
Type of Vehicle/Equipment	Qty of Years	Type of Vehicle/Equipment	Qty of Years

Please list where you obtained the above experience: \_\_\_\_\_

Is your CDL Medical Card current?    YES     NO     If no, explain: \_\_\_\_\_

Are you willing to take a pre-employment drug test?    YES     NO     If no, explain: \_\_\_\_\_

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed with any previous employers?    YES     NO

Were your previous positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required?    YES     NO

## Applicant Consent and Release

*I hereby agree to submit to any controlled substance testing that may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination. As a condition of employment, I understand I am required to comply with the Village of Cassville's drug-free workplace policy. I understand that as required by the Village of Cassville Policy, all applicants with positions sensitive to DOT and FMCSA requirements will be tested for controlled substances as a pre-condition for employment and, once employed by the Village of Cassville, post-accident, random, reasonable suspicion, return to duty, and follow up testing. I consent to the sample collection. I understand, during the term of employment, a positive test result for controlled substances/alcohol will render me unqualified to operate a commercial motor vehicle among other Village of Cassville disciplinary actions. The medical review officer will maintain the results of my test. Negative and positive results will be reported to the Village of Cassville. If the results are positive for nonprescription drugs, the controlled substance will be identified. The result will be released to any other parties without my written authorization.*

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