VILLAGE OF BIRON EMPLOYMENT APPLICATION

PERSONAL INFORMATION						
NAME:	FIRST: M.I	LAST:				
PRESENT ADDRESS:		P.O. BOX:				
CITY:		STATE:	ZIP:			
PHONE:	Home: ()	Other: ()				
Are you 18 years or older? Yes	No Are you a U.S. Citizen or otherwise legally eligible for employment in	the U.S.? Yes 🗌 No 🗌				
Driver's License #:		STATE:				
COMMERCIAL D.L.#:		STATE:				
Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes No If yes, provide further information as to the date, location of court, nature of the offense, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (The Village of BIRON will consider your record only as it may substantially relate to the job for which you are applying.)						
EDUCATIONAL INFORMATION	Name, Address, City & State	Number of Years Attended	Diploma or Degree			
High School			Yes 🗌 No 🗌			
College						
Graduate						
Other						
(Information about your education will be used only where relevant and to assist in determining what positions might be appropriate for consideration)						
SKILLS OR ADDITIONAL TRAINING (bookkeeping, accounting, equipment operation, etc.)						
PREVIOUS EMPLOYERS (Please list all previous employers, beginning with current or most recent employer. Attach an additional sheet if necessary.)						
COMPANY NAME:		DATES:				
ADDRESS:		REASON FOR LEAVING:				
CITY:		STATE:	ZIP:			
LIST JOB TITLE AND YOUR DUTIES:		PHONE:	SALARY:			
COMPANY NAME:		DATES:				
ADDRESS:		REASON FOR LEAVING:				
CITY:		STATE:	ZIP:			
LIST JOB TITLE AND YOUR DUTIES:		PHONE:	SALARY:			
COMPANY NAME:		DATES:				
ADDRESS:		REASON FOR LEAVING:				
CITY:		STATE:	ZIP:			
LIST JOB TITLE AND YOUR DUTIES:		PHONE:	SALARY:			

COMPANY NAME:			DATES:			
ADDRESS:				REASON FOR LEAVING:		
CITY:			STATE:		ZIP:	
LIST JOB TITLE AND YOUR DUTIES:			PHONE:		SALARY:	
COMPANY NAME:				DATES:		
ADDRESS:			REASON FOR LEAVING:			
CITY:			STATE:		ZIP:	
LIST JOB TITLE AND YOUR DUTIES:			PHONE:		SALARY:	
	•					
ARE YOU PRESENTLY EMPLOYED? Yes No	DATE AVAILABLE		SALARY	EXPECTATION		
	DATE AVAILABLE		SALARY	EXPECTATION	<u>.</u>	
EMPLOYED? Yes No		al references that are NOT related to		EXPECTATION	<u>-</u>	
EMPLOYED? Yes No		al references that are NOT related to PHONE: ()		CCCUPATION:	<u></u>	
EMPLOYED? Yes No		i			<u></u>	
EMPLOYED? Yes No		PHONE: ()		OCCUPATION:		

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information I have provided on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements or information provided by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand this application will be considered inactive after ninety (90) days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Applicant's Signature _____ Dated:

The Village of BIRON is an equal opportunity employer and does not discriminate on the basis of race, national origin, religion, age, sex, handicap or disability or other basis prohibited by applicable local, state or federal fair employment laws or regulations. Applicants with a disability may request accommodations needed in the application and/or interview process.

VILLAGE OF BIRON

EMPLOYMENT RECORD

ADDENDUM TO EMPLOYMENT APPLICATION OF _____ [Name]

COMPANY NAME:			DATES:		
ADDRESS:			REASON FOR LEAVING:		
CITY:		STATE:	ZIP:	PHONE:	
LIST JOB TITLE AND YOUR DUTIES:				SALARY:	
COMPANY NAME:			DATES:		
ADDRESS:					
CITY:		STATE:	ZIP:	PHONE:	
LIST JOB TITLE AND YOUR DUTIES:				SALARY:	
COMPANY NAME:			DATES:		
ADDRESS:				REASON FOR LEAVING:	
CITY:		STATE:	ZIP:	PHONE:	
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COMPANY NAME:			DATES:		
ADDRESS:			REASON FOR LEAVING:		
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ADDRESS:			REASON FOR LEAVING:		
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COMPANY NAME:			DATES:		
ADDRESS		REASON FOR LEAVING:			
CITY:		STATE:	ZIP:	PHONE:	
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COMPANY NAME:			DATES:		
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COMPANY NAME:			DATES:		
ADDRESS:	REASON FOR LEAV		REASON FOR LEAVING:	G:	
CITY:		STATE:	ZIP:	PHONE:	
LIST JOB TITLE AND YOUR DUTIES:				SALARY:	