

Village of La Valle

Application for Employment

PERSONAL INFORMATION

DATE _____

NAME _____
LAST FIRST M.I.

ADDRESS _____
STREET CITY STATE ZIP

EMAIL ADDRESS _____

PHONE NUMBER _____ ARE YOU 18 YEARS OR OLDER? YES ____ NO ____

CELL PHONE NUMBER _____ BEST TIME TO CALL: AM PM

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER? _____

EDUCATION AND TRAINING

CIRCLE THE HIGHEST GRADE
OR YEAR COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

NAME & LOCATION OF HIGH SCHOOL _____

YEAR GRADUATED _____

TRAINING BEYOND HIGH SCHOOL (COLLEGE OR UNIVERSITY, NURSING, BUSINESS COLLEGE, OR OTHER SCHOOLS YOU HAVE ATTENDED.)

CIRCLE THE NUMBER OF YEARS
COMPLETED IN COLLEGE OR
UNIVERSITY

1 2 3 4 5 6 7 8

NAME & LOCATION OF SCHOOL _____

DATES ATTENDED _____ GRADUATED YES NO

MAJOR _____ MINOR _____

DEGREE CONFERRED AND YEAR _____

DESCRIBE ANY EDUCATIONAL AND TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS VOCATIONAL SCHOOL, CORRESPONDENCE COURSES, SERVICE SCHOOLS, IN-SERVICE TRAINING, OR VOLUNTEER WORK WHICH YOU FEEL IS RELEVANT TO THE JOB YOU ARE APPLYING FOR. ALSO INCLUDE RELEVANT LICENSES OR CERTIFICATES. BE SPECIFIC AND INCLUDE DATES.

FORMER EMPLOYERS

(LIST BELOW LAST 5 EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM	EMPLOYER: ADDRESS/PHONE NO.		
TO	NAME OF SUPERVISOR		
FROM	EMPLOYER: ADDRESS/PHONE NO.		
TO	NAME OF SUPERVISOR		
FROM	EMPLOYER: ADDRESS/PHONE NO.		
TO	NAME OF SUPERVISOR		
FROM	EMPLOYER: ADDRESS/PHONE NO.		
TO	NAME OF SUPERVISOR		
FROM	EMPLOYER: ADDRESS/PHONE NO.		
TO	NAME OF SUPERVISOR		
FROM	EMPLOYER: ADDRESS/PHONE NO.		
TO	NAME OF SUPERVISOR		

REFERENCES

GIVE THE NAMES OF THREE PERSONS, TWO OF WHOM ARE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST FOR ONE YEAR.

NAME	ADDRESS/PHONE	BUSINESS	YEARS ACQUAINTED

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

DATE _____ SIGNATURE _____