

APPLICATION FOR EMPLOYMENT



WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, disability, age or ancestry.

PERSONAL INFORMATION

DATE: _____

NAME: _____

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS: _____

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS: _____

STREET

CITY

STATE

ZIP

PHONE NO. _____

Email: _____

Print legibly

BEST TIME TO CONTACT YOU AT HOME IS? _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR: _____ DATE YOU CAN START _____ SALARY EXPECTED: _____

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

HAVE YOU EVER APPLIED TO THE VILLAGE OF SEVILLE BEFORE? _____ DATE? _____

ARE YOU AVAILABLE TO WORK FULL TIME?: _____ (PLEASE INDICATE 1 2 3 SHIFT)

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? _____

HOW DID YOU LEARN ABOUT US?: _____

EDUCATION	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
Trade School				
OTHER				

SUBJECTS OF SPECIAL STUDY OR SPECIAL SKILLS: _____



MILITARY SERVICE? _____ RANK _____ PRESENT MEMBERSHIP IN
NATIONAL GUARD OR RESERVES? _____

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE WHILE IN THE MILITARY: _____

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A FULL TIME BASIS?: _____

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

Dates	Name and Address of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU; WHOM YOU HAVE KNOWN AT LEAST 3 YEARS.

NAME	ADDRESS	PHONE	YEARS ACQUAINTED
1.			
2.			
3.			

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES: _____

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES OR OFFICES HELD: _____

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: _____

I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT

SIGNATURE OF APPLICANT _____ DATE _____