



VILLAGE OF DAVIS JUNCTION APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP
PERMANENT ADDRESS	CITY	STATE	ZIP
PHONE No.		REFERRED BY	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED?	IF SO MAY WE CONTACT WE CONTACT YOUR PRESENT EMPLOYER?	
EVER APPLIED TO THIS MUNICIPALITY BEFORE?	WHEN?	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING SKILLS			
U.S. MILITARY OR NAVAL SERVICE		RANK	
DO YOU PRESENTLY HOLD A VALID DRIVERS LICENSE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PRESENTLY HOLD A CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO

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

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM			
TO			
FROM			
TO			
FROM			
TO			
FROM			
TO			

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

AUTHORIZATION

"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 statements contained herein and the references and employers 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 the company from all liability for any damage that may result from such utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____

Interviewed By: _____ Date: _____

-----DO NOT WRITE BELOW THIS LINE-----

REMARKS

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEP	POSITION	WILL REPORT	SALARY