

APPLICATION FOR EMPLOYMENT



APPLICANT INFORMATION					
Last Name		First Name		Date	
CDL? YES <input type="checkbox"/> NO <input type="checkbox"/> Air Brakes? YES <input type="checkbox"/> NO <input type="checkbox"/> Driver's License No. & Classification					
Street Address			Apartment/Unit #		
City		State		ZIP	
Home phone			Cell phone		
Referred By					
EMPLOYMENT DESIRED					
Position Applied for					
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, may we contact your present employer?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for the Village of Roscoe?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when and what position?	
EDUCATION					
HIGH SCHOOL NAME AND LOCATION					
Years Attended		Did You Graduate?			
COLLEGE NAME AND LOCATION					
Years Attended		Did You Graduate?		Subjects Studied	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
Years Attended		Did You Graduate?		Subjects Studied	
GENERAL INFORMATION					
Please list subjects of special study/research, work or special training/skills					
PREVIOUS EMPLOYMENT					
Company			From	To	
Address			Position		
Responsibilities					
PREVIOUS EMPLOYMENT					
Company			From	To	
Address			Position		
Responsibilities					
PREVIOUS EMPLOYMENT					
Company			From	To	
Address			Position		
Responsibilities					

The Village of Roscoe is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

REFERENCES			
Below list the names of three persons not related to you, whom you have known at least one year			
Name	Address	Business	Years Known

MILITARY SERVICE			
Branch of Service		Rank	

AUTHORIZATION
<p>"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.</p> <p>I authorize investigation of all 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 utilization of such information.</p> <p>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 foregoing, unless it is in writing and signed by an authorized Village of Roscoe representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."</p>

Applicant Signature	Date
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FOR PERSONNEL USE ONLY Do not write below the double line	

Position:	Will Report to:	Salary/Wage:
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APPROVED:	
Employment Manager Signature	Department Head Signature