

Employee Application Form Village of Cardington

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
 and salary desired (2) _____
 (Be specific)

Days/hours available to work
 No Pref _____ Thur _____
 Mon _____ Fri _____
 Tue _____ Sat _____
 Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's license
number _____ State of issue _____ Operator Commercial (CDL) Chauffeur
Expiration date _____

Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____

OFFICE ONLY

Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No _____	Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> PC <input type="checkbox"/> No <input type="checkbox"/> Mac	Other Skills _____	

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone () _____	Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Signature: _____

Date: _____

APPLICANT RELEASE FORM

I, _____, residing at _____

have applied for a position as _____ with the Village of Cardington (hereafter called "VOC"). I have been advised by an official of the VOC and am fully aware they will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that in conducting this background investigation, officials of the VOC will be making inquiries with officials and record offices at schools which I have attended. VOC officials may interview physicians and other persons who may have examined or attended me for any physical or other type illness or injury. VOC Police Officers will have authority to check Police and Court records reference any arrest, conviction or other information that relates to my background. VOC Officials have authorization to check any credit records that reflect my name or financial institutions recording present and past dealings that relate to me. I give VOC officials authority to have access to past and present employers and any other persons who may be able to provide information about me which the VOC may need or require.

I hereby waive all provisions of law forbidding any physician or other person who may have attended me, or any school official, court or police agency, credit bureau, employer, military agency, firm or person from disclosing any knowledge or information they have concerning me which is requested or desired by the VOC _____ Department.

I, _____, hereby give consent and request that any such person disclose any such knowledge or information they have regarding me to the Mayor of the Village of Cardington or his representative. I further consent and request that the Mayor of the Village of Cardington or his representative be provided with a copy of any such records concerning me which they need and require in arriving at an employment decision.

Signature: _____

SSN _____

Typed (Printed) Name: _____

Time and Date _____

Witnessed by _____