APPLICATION FOR EMPLOYMENT

(REVISED MAY 2003)

The Village of West Salem considers all applications without regard to race, color, religion, creed, gender, natural origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL DATA

Position(s) Applied For				Date of Application			
Name			First	Middle			
Present Addre	ess						
T TOSCIII Addit	Number	Street	City	State	e Zip Code		
Previous Add	ress (List all prev	ious addresses within	the last 10 years)				
	Number	Street	City	State	Zip Code		
	Number	Street	City	State	Zip Code		
	Number	Street	City	State	Zip Code		
	Number	Street	City	State	Zip Code		
	Number	Street	City	State	Zip Code		
Telephone #			Social	Security #			
•							
Have you eve	r been employ	ed with us before	?	If yes, give date(s) _			
Are you curre	ntly employed	?	May we contact	your present employ	ver?		
Date available for work C			Can you travel	Can you travel if a job requires it?			
Are you able to work: Full Time			Part Time	ime Temporary			
Are you curre	ntly on "lay-off	' status and subje	ct to recall?	_ Do you have a C	DL License?		
A. Have you	ever pleaded g	juilty to or been co	onvicted of a misde	emeanor or felony? _			
B. Do you ha	ve any pendin	g criminal charges	s?				
				s), location of court, will not necessarily disq			

PERSONAL/PROFESSIONAL REFERENCES

(Do not include relatives or past employers)

1.			,	(N
1.	(Name and Addre	ess)		(Phone #
2.	(Name and Addre	ess)	(() Phone
3.	((()
	(Name and Addre	ess)		\	Phone
	EDUC	ATIONAL PREPAI	RATION AND TRAIN	NING	
High Sc	hool:		Location:		
			(C	ity/Stat	e)
Training	g and Educational Pr	eparation:			
Name and	Location	Dates Attended	Туре	of Trai	ning/Degree
Name and	Location	Dates Attended	Туре	of Trai	ning/Degree
Name and	J Location	Dates Attended	Туре	of Trai	ning/Degree
Name and	Location	Dates Attended	Туре	of Trai	ning/Degree
Describ would q	e any experience, spoualify you for a position	ecialized training, appr n with the Village of We	enticeship, skills and ex st Salem.	xtra-c	urricular activities that

WORK EXPERIENCE

Start with your present or last job. Include any job-related military experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		
Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		
Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		
Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		

ADDITIONAL INFORMATION

Specialized Skills List knowledge of office equipment, computer knowledge and clerical skills. List knowledge and types of production/machinery operated (if applicable). State any additional information in which you feel contributes to your qualification for the position in which you are applying for. Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.	Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.
List knowledge of office equipment, computer knowledge and clerical skills. List knowledge and types of production/machinery operated (if applicable). State any additional information in which you feel contributes to your qualification for the position in which you are applying for. Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED	
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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED	
	State any additional information in which you feel contributes to your qualification for the position in which you are applying for.
	ALCO A TO THE DO NOT ANOWED THE OUTSTON HAVE BEEN INFORMED
Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. YESNO	activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized persons)

I hereby authorize the Village of West Salem to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

- 1. Municipal, State, or Federal law enforcement agencies
- 2. Selective Service System
- 3. Any banking institution
- 4. Any place of business (for purposes of obtaining credit or employment data)
- 5. Credit rating bureaus or institutions
- 6. Any previous employer
- 7. Present employer
- 8. Any school, college, university, or other educational institution
- 9. Any law enforcement or jail officer

Exceptions to this blanket authorization:

1.	Any medical information in the posse conditional offer of employment (per Ar	ssion of any source named above until subsequent to a nericans With Disabilities Act).
2.		
3.		
above employ an auto	information. It is understood that said yment and shall not be further dissemina	e of West Salem, as a prospective employer, to obtain the d information shall be used only in consideration of my ted for any purpose. (A criminal record does not constitute insidered only if the circumstances of the conviction do not
Applicar	nt's Name (Print)	Date
Signatur	re	Applicant's Date of Birth

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interv	riew څ Yا	ES	NO ٿ		
Remarks:					
				Interviewer	Date
Employed:	YES ث	NO ڤ		Date of Employment:	
Job Title/Depa	artment:			Hourly Rate/Salary:	
			By:	ame and Title	Date
NOTES:					