

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION:

NAME (Last Name First)	SOCIAL SECURITY NO. - - -
PRESENT ADDRESS / CITY, STATE, ZIP CODE	PHONE NO:
REFERRED BY:	EMAIL ADDRESS:

EMPLOYMENT INFORMATION:

POSITION DESIRED:	ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO
DATE YOU CAN START:	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____ YES _____ NO
SALARY DESIRED:	HAVE YOU EVER APPLIED TO THE VILLAGE BEFORE? _____ YES _____ NO

EDUCATIONAL HISTORY:

HIGH SCHOOL ATTENDED:	DID YOU GRADUATE? (If No, How many years attended) _____ YES _____ NO
COLLEGE / TRADE SCHOOL ATTENDED:	DID YOU GRADUATE? _____ YES _____ NO

GENERAL INFORMATION:

SUBJECTS OR SKILLS OF SPECIAL INTEREST:	
U.S. MILITARY OR NAVAL SERVICE:	RANK:

CURRENT/FORMER EMPLOYER INFORMATION:

<i>Dates: Mo & Yr</i>	<i>Employer Name and Address</i>	<i>Salary</i>	<i>Position</i>	<i>Reason for Leaving</i>
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

REFERENCES: *(Please give the names of three persons not related to you that you have known at least one year)*

<i>NAME & PHONE NUMBER</i>	<i>ADDRESS</i>	<i>RELATIONSHIP / # OF YEARS KNOWN</i>

I certify that all information contained in this application is true and accurate to the best of my knowledge. I understand that any false information on this application can be grounds for dismissal if I am eventually hired. I authorize investigation of all information on this application. All references and former employers listed above are authorized to provide the Village of Cleves any and all information concerning my character and my previous employment, and I release the Village of Cleves from any liability for any damages that may result from use of such information.

I also understand no representative of the Village 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 Village representative. This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans With Disability Act (ADA) and other relevant federal and state laws.

Signature: _____

Date: _____