

Village of Lakeview EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital, or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION (please print)

Position(s) Applied For	Date
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative/Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk-in <input type="checkbox"/> Other

Last Name	First Name	Middle Name
Street Address		
City, State, Zip		
Telephone Number(s)	Social Security Number / /	

- Are you currently employed? YES NO
- May we contact your present employer? YES NO
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? YES NO
- Have you been convicted of a felony? YES NO

EDUCATION

	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
ELEMENTARY SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (Specify)				

MILITARY (COMPLETE IF YOU HAVE SERVED IN THE U.S. ARMED FORCES)

Branch of Service	Describe your duties and any special training
Period of Active Duty (Month & Year) From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

EMPLOYMENT EXPERIENCE

1. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
2. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
3. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
4. Employer		Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Check Skills/Equipment Operated)

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery List:	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____

REFERENCES

1.	_____	_____
	(Name)	(Phone)

	(Address)	
2.	_____	_____
	(Name)	(Phone)

	(Address)	
3.	_____	_____
	(Name)	(Phone)

	(Address)	

The facts set fourth above in my application for employment are true and complete to the best of my knowledge. I understand falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Date

Signature

VILLAGE OF LAKEVIEW
APPLICANT RELEASE FORM

I, _____, presently residing at

have applied for employment with the Village of Lakeview . I have been advised and am fully aware that a representative of the entity will be conducting a thorough investigation of my background to assist in determining my suitability for this employment/membership. I realize that, in conducting this background investigation, representatives will be making inquiries of: Officials and Records Offices at schools which I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type illness or injury; Police and/or Court Records with whom I may have an arrest or conviction record; Credit Bureaus and/or firms who may have information regarding my credit history and/or financial standing; present and previous employers; and any other persons who may be able to provide information about me which the Department deems necessary.

I hereby give my permission and waive all provisions of law forbidding any physician or other person who has attended me or any other school official, court, policy agency, credit bureau, employer, firm or person, from disclosing any Knowledge or information they have concerning me, which is requested or desired by the entity. I further consent that the entity official or his/her representative be provided with a copy of any such records concerning me, which they may desire.

I hereby give my consent to the Village of Lakeview or it's designee to perform test of my blood and/or urine to determine my possible usage of prohibited substances.

I recognize the right of the entity to treat, at its discretion certain sources as confidential, and its right to withhold them from me and/or my agent the names of such confidential sources, and information obtained there from.

Signature of Applicant

Date

Authorized By: _____

Title: _____