

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? Y N

May we contact your present employer? Y N

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Y N

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 HISTORY

From: Month/Year	Company Name	Job Title	Phone Number
To: Month/Year	Address of Employer	Description of Duties	
From: Month/Year	Company Name	Job Title	Phone Number
To: Month/Year	Address of Employer	Description of Duties	
From: Month/Year	Company Name	Job Title	Phone Number
To: Month/Year	Address of Employer	Description of Duties	
From: Month/Year	Company Name	Job Title	Phone Number
To: Month/Year	Address of Employer	Description of Duties	
From: Month/Year	Company Name	Job Title	Phone Number
To: Month/Year	Address of Employer	Description of Duties	

Please continue on a blank page if more space is required.

ADDITIONAL INFORMATION

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

EQUIPMENT OPERATED

Please list any equipment you are experienced in operating that are relevant to the position you are applying for.

Please list any certifications or licenses held that are relevant to the position you are applying for.

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CERTIFICATIONS AND LICENSES

REFERENCES

Please provide three references.

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

-

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

-

Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

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To the best of my knowledge, all information provided in this application are true and complete. I understand that any 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. I realize that in conducting this background investigation, representatives will be making inquiries of: Officials and Records Offices at schools I have attended; Physicians and/or other persons who may have examined or treated me for any physical or other type of 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 Village 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 Village. I further consent that the Village 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 tests on 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 from me and/or my agent the names of such confidential sources, and information obtained there from.

Signature of Applicant

Date

Authorized By: _____

Title: _____