

# Village of Walbridge Application for Employment

Federal and State laws prohibit discrimination on the basis of race, sex, creed, color, religion, national origin, age, handicap, or veteran status. The Village of Walbridge is an equal opportunity employer.

Today's Date:
General Questions:
Name:
Have you ever been known by any other names? Yes No
If yes, please list other names:
Social Security Number:
Federal immigration laws require all job applicants to provide verification of U.S. citizenship, alien registration, visa, or work permit before they can be hired, and, if hired, thereafter where necessary to demonstrate continue compliance with the immigration laws.
Are you a U.S. citizen? Yes No If no, is your U.S. residence legal? Yes No
If you are a permanent resident of the U.S, give your alien registration number:
If you are not a permanent resident, what is the status of your visa?
Are you under 18? Yes No If yes, please give birthdate:
Address:
How long have you lived at this address?
Telephone Number: Cell Number:

Have you been previously employed by The Village of Walbridge? Yes No
If yes, please note dates of employment and positions held:
Do you have any relatives currently or previously employed by The Village of Walbridge?
Yes No If yes, please list names and relationship:
What position are you applying for?
How did you hear about this position?
What special qualifications do you have for this position? Please attach an additional sheet of paper to this application if necessary.
If hired, what is the earliest date you are available to start work?
Do you have restrictions on the hours you would be available to work? Yes No
If yes, please explain:
Do you have any objection to working on Saturday or Sunday, if required? Yes No
Do you have any objection to working overtime, if required? Yes No
Do you have any physical conditions which would interfere with your ability to substantially perform the job you are applying for? Yes No
If yes, please explain:
Have you ever been convicted or forfeited bond for violation of any Federal, State, or Local law related in any way to the type of job for which you are applying? Yes No
If yes, please explain:
Minimum salary required:

### **Education:**

Elementary School:
Address:
Diploma or Degree/Major:
Number of Years Completed:
High School:
Address:
Diploma or Degree/Major:
Number of Years Completed:
Undergraduate College:
Address:
Diploma or Degree/Major:
Number of Years Completed:
Graduate College:
Address:
Diploma or Degree/Major:
Number of Years Completed:
Other:
Address:
Diploma or Degree/Major:
Number of Years Completed:

### **Previous Employment History:**

Please list your employment record for the past ten years, beginning with the most recent employment. Indicate any period of unemployment or self-employment. Include military service, if any.

Employer:	From (Mo/Yr): To (Mo/Yr)		
Address:			
Type of Business:			
Supervisor's Name & Title:			
Position & Duties:			
Hours Worked per Week:		Ending Salary:	
Employer:	From (Mo,	/Yr): To (Mo/Yr)	
Address:			
Type of Business:			
	Phone Number:		
Position & Duties:			
Hours Worked per Week:		Ending Salary:	

Employer:	From (Mo/Yr):	To (Mo/Yr)
Address:		
Type of Business:		
Supervisor's Name & Title:	Phone Nu	mber:
Hours Worked per Week:	Starting Salary: E	inding Salary:
Employer:	From (Mo/Yr):	To (Mo/Yr)
Address:		
Type of Business:		
Supervisor's Name & Title:	Phone Nu	mber:
Position & Duties:		
Hours Worked per Week:	Starting Salary: E	inding Salary:
Have you ever been disciplined or d	lischarged by any prior employer? \	Yes No
If yes, please explain:		

## **References:**

Please list below business and/or characteristics.	cter references. Do not include relatives.
Name:	
Address:	
Phone Number:	Email:
Business/Occupation:	
Name:	
Address:	
Phone Number:	
Business/Occupation:	
Name:	
Address:	
Phone Number:	
Business/Occupation:	
Name:	
Address:	
Phone Number:	
Business/Occupation:	
Name:	
Phone Number:	
Business/Occupation:	

#### Important – Please read carefully before signing this application:

Please check your application to ensure you have completely and accurately answered every question. Your application is contingent upon your agreement to the following statements. Your signature below will indicate you have read these statements and agree to its terms.

I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information is grounds for rejection of this application, or, if hired, termination from employment.

I authorize the references listed above to give you any and all information concerning my previous employment or any pertinent information they have, personal or otherwise. I release all parties from liability for any damage that may result from furnishing such information to The Village of Walbridge.

If hired, and in consideration thereof, I understand and agree to conform to the job requirements and rules of which The Village of Walbridge may advise me, in writing or otherwise, and agree that such requirements and rules may, from time to time, be modified or amended. I agree that, if hired, my employment is for an indefinite period of time and that The Village of Walbridge may change my wages, benefits, or working conditions at any time, unless prevented from doing so by an applicable collective bargaining agreement. I accept and understand that, if hired, and as a condition of continued employment, the public needs of The Village of Walbridge may require that I work overtime, shift work, a rotating work schedule, a schedule other than Monday through Friday, and/or travel.

I understand and agree that I may be required to take a physical examination, at the expense of The Village of Walbridge, prior to employment, or, if hired, at any time in the future during my employment, to determine my ability to substantially perform the job for which I am applying or hired. I authorize any physician or hospital to release any information which may be necessary to determine my ability to substantially perform such job to The Village of Walbridge, and/or the examining physicians. I also understand and agree that prior to employment, or if hired, as a condition of continued employment, I may be required to subject myself to such testing as may be required by The Village of Walbridge.

I further agree and acknowledge that, if hired, my employment and compensation may be terminated at any time, at the option of either The Village of Walbridge, or me without liability for wages or benefits except such as may have been earned at the date of such termination, or as may be specifically provided by an applicable collective bargaining agreement. I understand that no one, other than the Village Council of The Village of Walbridge has any authority to authorize the entering into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

I further understand that this ins an application for employment and that no offer of employment is being made at this time.

Full Name:	Date