

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR/DEGREE
High School				
College				
Other				

MILITARY

Are you a veteran of the United States military service? _____ If yes, what branch? _____

If yes, Date Entered _____ Date Discharged _____

If yes, please describe any special skills or training acquired while in the service:

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most Recent Employer	Dates Employed	Work Performed
Address	Supervisor	
Phone		
Job Title	Reason for Leaving	
Employer	Dates Employed	Work Performed
Address	Supervisor	
Phone		
Job Title	Reason for Leaving	
Employer	Dates Employed	Work Performed
Address	Supervisor	
Phone		
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Address _____ Address _____

Telephone (____) _____ Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize the Agent for the Village of Stevensville, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

I also understand that I reserve the right to revoke the background check at any time, which will, in turn, stop the application process.

PLEASE SIGN HERE: _____

DATE: _____

APPLICANT DATA RECORD

Non-Discrimination Policy: The Village of Stevensville is committed to the principle of equal opportunity in education and employment. The Village does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Application Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

Position applied for: _____

Name _____
Last
First
Middle
Maiden

Address _____
Number
Street
City
State
Zip

Telephone (____)_____

Affirmative Action Survey	Check one	Check one	Check any that apply
Government agencies require periodic reports on the sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran

Special Employment Notice to disabled veterans, Vietnam Era Veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled individual
 Disabled Veteran
 Vietnam Era Veteran

Signature: _____ **Date:** _____