Employment Application
Village of Vermontville

194 S. Main St, P.O. Box K, Vermontville, MI 49096, 517-726-1429

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Date: / /

Position applied for:

APPLICANT DATA:

How were you referred to us: _____

Full Name: _____
LAST FIRST MIDDLE

Address: City: State: Zip:

Phone: ( ) Mobile/Beeper/Other Phone: E-Mail Address:

Date available to start: Social Security #: Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one? ❑ Yes ❑ No

If no, please explain: _____

Have you ever worked for this company? ❑ Yes ❑ No If yes, when? _____

Are you a citizen of the United States? ❑ Yes ❑ No If not, do you have work papers? ❑ Yes ❑ No

Type of employment desired: ❑ Full-time ❑ Part Time ❑ Temporary ❑ Season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? ❑ Yes ❑ No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation rehabilitation and position applied for will be consideration.

Driver's license number if applicable to position: State:

EDUCATION:

High School: Address:

# of Years Completed: Did you graduate? ❑ Yes ❑ No Degree:

Major: GPA: Class Rank:

College/University Address:

# of Years Completed: Did you graduate? ❑ Yes ❑ No Degree:

Major: GPA: Class Rank:

Other: Address:

# of Years Completed: Did you graduate? ❑ Yes ❑ No Degree:

Major: GPA: Class Rank:

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: Phone: ( )

Address: City: State: Zip:

Name: Phone: ( )

Address: City: State: Zip:

The Village of Vermontville is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, national origin, age or disability.

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SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From____/____/____ To____/____/____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: ( ) Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? ❑ Yes ❑ No

Dates of Employment: From____/____/____ To____/____/____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: ( ) Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? ❑ Yes ❑ No

Dates of Employment: From____/____/____ To____/____/____ Position(s) Held: _____

Firm: _____ Address: _____

Phone: ( ) Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? ❑ Yes ❑ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

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