

VILLAGE OF ADA EMPLOYMENT APPLICATION

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

(PLEASE PRINT)

Position Applied For: _____ Date of Application: _____

How did you learn about this Position(s)?

Newspaper Website Current Employee Other, Please specify: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last Name: _____ First Name: _____ Middle Name: _____

Address: (Number) (Street) (City) (State) (Zip Code)

Telephone Number(s) _____ Email address _____

Best time to contact you at the telephone number provided is: _____ : _____ AM/PM

Date of birth (optional) : ____/____/____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

List all previous addresses for the past three (3) years:

Number and street	City	State and Zip Code	Dates From-To

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work: _____ What is your desired salary range? _____

Are you available to work: Full Time

Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION/TRAINING

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, skills and extra-curricular activities:

For Pool Position Applicants:

List any planned summer activities: _____

List any dates you know you are unavailable to work: _____

Are you currently certified by the Red Cross? _____

If yes, date of expiration: _____

Are you currently certified in CPR? _____

If yes, date of expiration: _____

Please provide copies of current certificates with application.

Are you in need of a training course? _____

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability, military status or other protected status.

Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
May we contact this employer?				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, military status or other protected status.

ADDITIONAL INFORMATION

SKILLS:

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

SPECIALIZED SKILLS:

Include equipment-operated skills, i.e., computer, motorized equipment.

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied?

Yes No

A review of the essential functions of such a job or occupation has been given?

Yes No

REFERENCES:

1. _____
(Name) (Telephone Number)

(Address)
2. _____
(Name) (Telephone Number)

(Address)
3. _____
(Name) (Telephone Number)

(Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: Yes No

Position(s) Considered For: _____

Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer Date

Employed: Yes No

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

By: _____
Name and Title Date