

Application for Employment (PRE-EMPLOYMENT QUESTIONNAIRE)

PERSONAL INFO	RMATION					=
				DATE		LAST
NAME:	Γ FIRST	MIDDLE	EMAIL:			_ =
		MIDDEL				
PRESENT ADDRES	<u>S:</u>	STREET	CITY	STATE	ZIP	_
		STREET	CITT	STATE	ZII	
PERMANENT ADD	RESS:	STREET	CITY	STATE	ZIP	_
PHONE NUMBER:		ARE YOU 18 YEARS (OR OLDER?	YES	NO	
		Y BECOMING EMPLOYED R IMMIGRATION STATUS		YES	NO	FIF
EMPLOYMENT I	DESIRED					FIRST
		DATE YOU		SALARY		
POSITION		CAN START		DESIRED		_
		IF SO MAY WE INQUI				
ARE YOU EMPLOY	ED NOW?	OF YOUR PRESENT E	MPLOYER?			
EVED ADDITED TO	THIS COMPANY DEE	ODE9	DEPARTMEN	TT9		
EVER APPLIED IC	THIS COMPANY BER	ORE?	DEPARTMEN	11!		
REFERRED BY:						_
			NO OF VDC	DID VOLI	CLIDIECTC	=
EDUCATION	NAME AND LOC	CATION OF SCHOOL	NO. OF YRS. ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
HIGH			-			MIDDLE
SCHOOL						OLE
COLLEGE						
TRADE OR TECH SCHOOL						
GENERAL						
SUBJECTS OF S	PECIAL STUDY O	R RESEARCH:				
SPECIAL SKILL	S:					
ACTIVITIES (CI	VIC, ATHLETIC, E	TC.):				
	OD MANAGED TO	COEC		D.1.111		
	OR NAVAL SERVI		SEDVES.	RANK:		
FRESENT MEM	DEVOUIL IN NATIO	ONAL GUARD OR RES	DERVES.			

ECOMED EMDI OVEDS: LIST DELOW LAST ECUID EMDI OVEDS STADTING WITH THE LAST ONE EIDST													
FORMER EMPLOYERS: LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE LAST ONE FIRST.													
DATE MONTH/YEAR	NAM	ME AND ADDRESS OF EMPLOYER		SALARY POSITION		REASON FOR LEAVING							
FROM													
ТО													
FROM													
ТО													
FROM													
ТО													
FROM													
ТО													
WHICH OF THESE JOBS DID YOU LIKE BEST?													
WHAT DID YOU LIKE MOST ABOUT THIS JOB?													
REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.													
NAME		BUSINESS		EMAIL AI	ODRESS	PHONE	YEARS KNOWN						
IVAIVIL		DOSINESS		LIMAIL AI	DDKL33	THORE	KNOWN						
IN CASE OF EMERGENCY	NOTIEV												
<u>EMERGENCY</u>	NOTIFY	NAME	ADD	RESS		PHONE							
"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAYBE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE VILLAGE OF HARTLAND'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME, AT EITHER MY OR THE VILLAGE OF HARTLAND'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANYTIME BY THE VILLAGE OF HARTLAND. I GIVE PERMISSION FOR THE VILLAGE OF HARTLAND TO CONTACT THE ABOVE REFERENCES."													
DATE SIGNATURE													
THE VILLAGE OF HARTLAND IS AN EQUAL OPPORTUNITY EMPLOYER. *This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991. This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.													
OFFICE USE ON	LY												
DATE APPLIC	DATE APPLICATION WAS RECEIVED: RECEIVED BY:												

ADDITIONAL INFORMATION: