

VILLAGE OF OREGON
APPLICATION FOR EMPLOYMENT
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER
Please type or print, and answer all questions.

POSITION(S) APPLIED FOR: _____

PERSONAL INFORMATION

NAME _____ DATE _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER: DAY: () _____ ARE YOU 18 YEARS OR OLDER? YES NO
EVENING: () _____ If no, can you furnish a work permit? YES NO

Have you ever been employed by the Village of Oregon before? Yes No If yes, provide approximate dates and position(s) you held.

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

Date you can start: _____ What shifts are you available to work? 1st 2nd 3rd

Are you a U.S. citizen or otherwise currently authorized to obtain lawful employment in this country? Yes No

If the job requires use of a motor vehicle, do you have a valid Wisconsin Driver's License? Yes No If the job requires it, do you have access to an automobile you could use for work duties? Yes No

Have you ever pleaded guilty to or been convicted of a misdemeanor or felony? Yes No If yes, provide further information as to the offense(s), date, arresting agency, location of court, circumstances, and so forth. If the job you are applying for requires you to operate a motor vehicle, include traffic convictions. (The Village of Oregon will consider your record only as it may substantially relate to the job for which you are applying.)

EDUCATION AND TRAINING

| EDUCATION | NAME, COMPLETE ADDRESS AND PHONE NUMBER OF SCHOOL | NO. OF YEARS ATTENDED | DID YOU GRADUATE? | SUBJECTS STUDIED |
|-----------------------|---|-----------------------|-------------------|------------------|
| GRAMMAR SCHOOL | | | | |
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE SCHOOL | | | | |
| BUSINESS SCHOOL | | | | |
| CORRESPONDENCE SCHOOL | | | | |

If you were expelled or suspended by any school within the last five years, please explain the circumstances. _____

Describe any other training, or volunteer work which you believe is relevant to the position for which you are applying. _____

The information will be used only to determine eligibility for employment for which the information may be relevant.

WORK EXPERIENCE/FORMER EMPLOYERS

Provide complete information. Be specific. Start with your current or most recent job, and go back at least ten years. Include self-employment and military service. For part-time work, show the average number of hours per month. Show any changes in job title for the same employer as a separate position. Attach additional sheets if necessary.

| | | |
|--------------|---------------------|--------------------|
| Employer | Street Address | |
| Your Title | City, State, Zip | |
| Your Duties: | Phone | Name of Supervisor |
| | Total Time Employed | |
| | From (Month & Year) | To (Month & Year) |
| | Last Rate of Pay | |
| | Reason For Leaving | |

| | | |
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WORK EXPERIENCE/FORMER EMPLOYERS (con't.)

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ATTACH ADDITIONAL SHEETS AS NECESSARY

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REFERENCES

Give the names of three persons not related to you, whom you have known at least one year.

| NAME | COMPLETE ADDRESS & ZIP | TELEPHONE NUMBER | BUSINESS | YEARS KNOWN |
|------|------------------------|------------------|----------|-------------|
| | | | | |
| | | | | |
| | | | | |

AUTHORIZATION, RELEASE, AND CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that if I willfully withhold information or make false or misleading statements on this application it may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek to verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand this application will be considered inactive after thirty days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification.

Dated: _____

Applicant's Signature _____

Please return application to: