

Application for Employment

Village of Dexter

Equal Opportunity Employer

(Please Print)

DATE			SOCIAL SECURITY NUMBER		
NAME-LAST		FIRST	MIDDLE		DRIVER'S LICENSE NUMBER
HOME ADDRESS-STREET		CITY	STATE	ZIP CODE	TELEPHONE NO. OF APPLICANT
TEMPORARY ADDRESS-STREET		CITY	STATE	ZIP CODE	TELEPHONE NO. FOR MESSAGES
POSITION APPLYING FOR 1.		POSITION APPLYING FOR 2.			SALARY EXPECTED
WHO REFERRED YOU TO US FOR EMPLOYMENT?		DATE AVAILABLE		ARE YOU A U.S. CITIZEN? YES NO	
HAVE YOU BEEN CITED FOR ANY TRAFFIC VIOLATIONS IN THE PAST TWO YEARS? YES NO		IF YES, REASON		DO YOU SPEAK ANY FOREIGN LANUAGES? (VOLUNTARY)	
HAVE YOU EVER BEEN CONVICTED FOR OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO		IF YES, WHEN?	WHERE?	REASON	

EDUCATION	NAME & ADDRESS OF SCHOOL	GRADUATED		TYPE OF DEGREE	MAJOR	ACCUM AVG.
		YES	NO			
HIGH SCHOOL						
COLLEGE						
HOBBIES ACTIVITIES						

PREVIOUS EMPLOYMENT (MOST RECENT FIRST)

DATES		EMPLOYER NAME, ADDRESS & PHONE	NATURE OF DUTIES	RATE OF PAY	MAY WE CONTACT THIS EMPLOYER?	
FROM MO/YR	TO MO/YR				YES	NO
		REASON FOR LEAVING:				
		REASON FOR LEAVING:				
		REASON FOR LEAVING:				

MILITARY

BRANCH:	LENGTH OF SERVICE:
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1. **Are you presently working?** Yes No

If yes, give reason for the desire to change _____

2. **Why are you interested in employment with the Village of Dexter?**

3. **Have you ever worked for the Village of Dexter before?**

Department _____ Date: from _____ to _____

4. **Do you have any relatives working for the Village of Dexter? Please list:**

Name	Relationship
_____	_____
_____	_____

5. **Are there any areas of the application that you would like to explain more fully?**

6. **Please list the names of two professional references.**

Name: _____	Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone: _____	Telephone: _____
Relationship to you: _____	Relationship to you: _____

I hereby certify that all the information given is true and complete, and agree that any false information given during the hiring process, or after employment, may be grounds for denial of employment or immediate discharge if employed. ____ **(Initials)**

The companies, schools and persons listed may give information concerning me, and are released from all liability on my part. ____ **(Initials)**

I understand that my employment can be terminated at will by me or the company with or without notice for any reason, with or without cause.

Signature _____ Date _____