

# 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.

Position Applying For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you learn about this Position(s)?

- Newspaper: which one(s)? \_\_\_\_\_  Website: which one(s)? \_\_\_\_\_  
 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 (please list an email address you regularly check)

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

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Please list below any valid certifications and/or licenses you currently hold. Please review the position's classification specification for which you are applying for position-specific required or recommended certifications and/or licenses.

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# 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.*

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# ADDITIONAL INFORMATION

**SKILLS:**

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

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**SPECIALIZED SKILLS:**

Include equipment-operated skills, i.e., computer, motorized equipment. Please review the position's classification specification for which you are applying for position-specific skills and equipment used.

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

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**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

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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.

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Signature of Applicant

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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