# APPLICATION FOR EMPLOYMENT VILLAGE OF COBDEN

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

### **PLEASE PRINT OR TYPE**

| Position for which you are applying:   |                             |          | Date of App  | olication: |     |
|--|-----------------------------|----------|--------------|------------|-----|
|  |                             |          |              |            |     |
| Last Name First N  | t Name First Name Middle Na |          | le Name      |            |     |
|  |                             |          |              |            |     |
| Address  | City                        | St       | ate          | Zip Co     | ode |
|  |                             |          |              |            |     |
| Telephone Number(s)  |                             |          | Social Secur | ity Num    | ber |
|  |                             |          |              |            |     |
| Please check box indicating yes or no  |                             |          |              | Yes        | No  |
| Have you filed an application with us before?  |                             |          |              |            |     |
| Have you been employed by us before?   |                             |          |              |            |     |
| Are you currently employed?  |                             |          |              |            |     |
| May we contact your present employer?  |                             |          |              |            |     |
| Are you prevented from lawfully becoming employed in this country because of                               |                             |          |              |            |     |
| visa or immigration status? (Proof of citizenship or immigration status will be required upon employment.) |                             |          |              |            |     |
| Are you currently on "lay-off" status and subje  | ct to recall?               |          |              |            |     |
| Are you available to work: (Please circle)   | Full Time                   | Part Tir | ne Te        | emporar    | V   |
| On what date would you be available to work?   |                             |          |              | •          | ·   |
| Indicate any foreign languages you can speak, read and/or write:   |                             |          |              |            |     |
|  |                             |          |              |            |     |

#### **Education**

|             |                          |                 | Years     | Diploma |
|-------------|--------------------------|-----------------|-----------|---------|
|             | Name & Address of School | Course of Study | Completed | Degree  |
|             |                          |                 |           |         |
| High School |                          |                 |           |         |
|             |                          |                 |           |         |
| College     |                          |                 |           |         |
|             |                          |                 |           |         |
| Other       |                          |                 |           |         |

# **Employment Experience (Last 3 Employers)**

| Employer:                       |            |
|---------------------------------|------------|
| Address:                        |            |
| Contact Person:                 | Telephone: |
| Dates Employed:                 |            |
| Reason for Leaving:             |            |
| Job Description/Work Performed: |            |
|                                 |            |
|                                 |            |
| Employer:                       |            |
| Address:                        |            |
| Contact Person:                 | Telephone: |
| Dates Employed:                 |            |
| Reason for Leaving:             |            |
| Job Description/Work Performed: |            |
|                                 |            |
|                                 |            |
| Employer:                       |            |
| Address:                        |            |
| Contact Person:                 | Telephone: |
| Dates Employed:                 |            |
| Reason for Leaving:             |            |
| Job Description/Work Performed: |            |
|                                 |            |

| Specialized Equipment                 |                                    |                   |
|---------------------------------------|------------------------------------|-------------------|
| Indicate equipment that you have e    | experience operating:              |                   |
| personal computer                     | calculator                         | typewriter        |
| tractor backh                         | noe trencher                       | dump truck        |
| Do you have a commercial driver's lic | cense? yes no                      |                   |
| Job Qualifications                    |                                    |                   |
| What skills or experience do you h    | nave that you feel qualifies you f | or this position? |
|                                       |                                    |                   |
|                                       |                                    |                   |
|                                       |                                    |                   |
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|                                       |                                    |                   |
|                                       |                                    |                   |
|                                       |                                    |                   |
|                                       |                                    |                   |
| (Continue on additional sheet if ne   | cessary.)                          |                   |
| References<br>Name                    | Address                            | Telephone Number  |
| 1.                                    | Addiess                            | Telephone Number  |
| 2.                                    |                                    |                   |
| 3.                                    |                                    |                   |

## **Criminal Background Investigation Form**

The Village of Cobden requests that all applicants for employment undergo a criminal background check. The undersigned hereby authorizes the Department of Law Enforcement and/or the Cobden Police Department to release any information relating to a criminal background investigation to the Village of Cobden. All information will be kept confidential.

| Applicant's full name:   |                          |
|--------------------------|--------------------------|
| Address:                 |                          |
| Date of birth:           | Social Security number:  |
| Driver's License Number: | State issued:            |
| Applicant's signature:   | Date:                    |
| For Office Use:          |                          |
|                          |                          |
|                          |                          |
|                          |                          |
|                          | Law Enforcement Official |