

APPLICATION FOR EMPLOYMENT

APPLICANT NAME: _____

POSITION APPLIED FOR: _____

THE VILLAGE OF NEW LEBANON IS AN EQUAL OPPORTUNITY EMPLOYER

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

IF ANY SECTION OF THIS APPLICATION DOES NOT APPLY WRITE "DNA".

APPLICANTS MUST BE COMPLETED BY THE APPLICANT IN BLACK INK AND SWORN TO BEFORE A NOTARY PUBLIC OR BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.

APPLICANTS MAY BE REQUIRED TO COMPLETE A DETAILED PERSONAL HISTORY QUESTIONNAIRE PRIOR TO COMPLETION OF THEIR BACKGROUND INVESTIGATION.

ANY APPLICATION CONTAINING INCOMPLETE OR INACCURATE INFORMATION OR MISSING REQUIRED INFORMATION AND OR DOCUMENTATION WILL NOT BE CONSIDERED.

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Village of New Lebanon bearing this release, or copy thereof, within one year of this date, to obtain any information in your files pertaining to my employment and educational records (including but not limited to: academic, achievement, attendance, athletic, personal history, and disciplinary records); and credit records. Further authorization is extended to all Police Departments, Sheriff Departments, juvenile Courts, and Clerks of Courts, to furnish the bearer with information, reprints, photographs, and any other records containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university or other education institution, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with the investigating agency. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full Name: _____
(Signature)

Full Name: _____
(Printed)

Current Address: _____

Telephone: _____

Witness: _____

Date: _____

PERSONAL DATA

Name: _____
(LAST) (FIRST) (Middle)

Home Phone No. _____ Business Phone No. _____

(Street Address) (City) (State) (Zip Code)

(Social Security Number) (Driver's License Number) (State)

Education

High School Graduate _____ (Check if applicable)

(High School Name)

(Address / City, State)

GED _____

(Check if applicable)

Date GED Administered _____ State _____ Certificate Awarded? Yes ___ No ___

Name / Address of State Authority Issuing
Certification _____

College or University:

(Name)

(City, State)

(Hours or Degree Completed)

Indicate quarter or semester hours

Special Skills and Training

CRIMINAL HISTORY

Conviction

Location (City / State)

Date

Information about criminal history may or may not affect job qualification depending on circumstances.

MILITARY SERVICE

Military: _____

(Branch)

(Rank / Position)

Character of Discharge: (if other than Honorable explain) _____

Reserve or National Guard: _____

(Name of Unit)

(Rank / Position)

(Address of Unit)

(Phone Number)

PERSONAL REFERENCES

List Three Personal References Below: (Please do not use family members)

Complete addresses are needed to include number / street, apt #, city, state, zip, etc.

Name: _____ Phone No. _____

(Street Address) (City) (State) (Zip Code)

Name: _____ Phone No. _____

(Street Address) (City) (State) (Zip Code)

Name: _____ Phone No. _____

(Street Address) (City) (State) (Zip Code)

EMPLOYMENT HISTORY

Last 10 Years

Start with your PRESENT or most recent job: (please use month / year for starting & ending dates of employment. If presently employed put "PRESENT" instead of the ending date.

LIST ADDITIONAL EMPLOYMENT ON A SEPARATE SHEET OF PAPER, IF ADDITIONAL EMPLOYMENT IS INCLUDED ON A SEPARATE PAPER CIRCLE: **CONTINUED**

COMPLETE NUMERICAL STREET ADDRESSES AND PHONE NUMBERS REQUIRED

(Employer)

(Address)

City

State

Zip

From _____ To _____

(Official Job Title)

(Dates Employed)

(Name of Immediate Supervisor)

(Phone No.)

Statement of Duties: _____

Reason for leaving: _____

(Employer)

(Address)

City

State

Zip

From _____ To _____

(Official Job Title)

(Dates Employed)

(Name of Immediate Supervisor)

(Phone No.)

Statement of Duties: _____

Reason for leaving: _____

(Employer)

(Address)

City

State

Zip

From _____ To _____

(Official Job Title)

(Dates Employed)

(Name of Immediate Supervisor)

(Phone No.)

Statement of Duties: _____

Reason for leaving: _____

(Employer)

(Address) City State Zip

(Official Job Title) From To
(Dates Employed)

(Name of Immediate Supervisor) (Phone No.)

Statement of Duties: _____

Reason for leaving: _____

(Employer)

(Address) City State Zip

(Official Job Title) From To
(Dates Employed)

(Name of Immediate Supervisor) (Phone No.)

Statement of Duties: _____

Reason for leaving: _____

DECLARATION

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications, my application will be rejected, or if already employed, my employment may be terminated. I also understand that failure to answer each question will cause my application to be disqualified.

DATE: _____ SIGNATURE _____