

# VILLAGE OF TEUTOPOLIS

## Employment Application



Date
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APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this village?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?

EDUCATION	
High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

PREVIOUS EMPLOYMENT				
Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone ( )	
Address			Supervisor	
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
From To		Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

GENERAL INFORMATION	
Subjects of Special Study/Research work or Special Training/Skills	
U.S. Military or Naval Services:	Rank

DISCLAIMER AND SIGNATURE	
<p>"I certify that my answers are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."</p>	
Signature	Date

**DO NOT WRITE BELOW THIS LINE**

**REMARKS**

**NEATNESS**

**CHARACTER**

**PERSONALITY**

**ABILITY**

**HIRED BY**

**SALARY WAGES**