





## **WORK EXPERIENCE**

Start with your present or last job. Include any job-related military experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		

Employer	Address	Telephone Number
Dates Employed (From/To)	Job Title	Supervisor
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Hourly Rate/Salary	Reason For Leaving	May We Contact?
Work Performed		

**ADDITIONAL INFORMATION**

**Other Qualifications**

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

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**Specialized Skills**

List knowledge of office equipment, computer knowledge and clerical skills.

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List knowledge and types of production/machinery operated (if applicable).

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State any additional information in which you feel contributes to your qualification for the position in which you are applying for.

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*Note to Applicants: DO NOT ANSWER THIS 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 activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
*(For official use only, not to be released to unauthorized persons)*

I hereby authorize the Village of West Salem to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

**Exceptions to this blanket authorization:**

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. \_\_\_\_\_
3. \_\_\_\_\_

This release is executed to authorize the Village of West Salem, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose. (A criminal record does not constitute an automatic bar to employment and will be considered only if the circumstances of the conviction do not relate to the particular job in question).

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant's Date of Birth

### **APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

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 45 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.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application and/or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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

**NOTES:**

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