

# **EMPLOYMENT APPLICATION**

# SECTION 1: GENERAL INFORMATION [ Please print or type ]

Position(s) of Interest:	
Name:	
Social Security Number:	
Address:	(Street)
	(City, State & Zip)
Telephone:	
Alternate Telephone:	
Email Address:	
If you are under 18, can you furnish a work p	permit? $\Box_{Yes} \Box_{No}$
Are you available for: $\Box$ Full Time $\Box$ F	Part Time 🗖 Seasonal
If part time, specify days and hours:	
If seasonal, specify starting date and ending date:	
Are you a U.S. citizen or can you establish th	hat you are an authorized worker? $\Box_{\text{Yes}} \Box_{\text{No}}$
If you have previously applied for employme position(s) applied for:	nt with the Village of Twin Oaks, state date(s) and
If you have relatives currently employed by the relationship(s):	he Village of Twin Oaks, please state name(s) and
creed, religion, national origin, age, gender, disability	ployer, and does not discriminate on the basis of race, color, /, handicap or veteran status. It is the goal of the Village of essible to all individuals. For information regarding other contact the Twin Oaks Office at 636-225-7873.

Village of Twin Oaks, 1393 Big Bend Road Ste. F, Twin Oaks, MO 63021 Voice: 636-225-7873 Fax: 636-225-6547

## SECTION 2: EDUCATIONAL INFORMATION

High School:		
Address:		(Street)
		(City, State & Zip )
Grade completed?		
GED completed?		
College or University:		
Address:		(Street)
		(City, State & Zip)
Was program completed/ Degree awarded?	□ <sub>No</sub> □ <sub>Yes</sub>	
Type of Degree:		
College or University:		
Address:		(Street)
		(City, State & Zip )
Was program completed/ Degree awarded?	□ <sub>Yes</sub> □ <sub>No</sub>	
Type of Degree:		
Additional Education and/or A	Academy, Vocational, Technical, or Mil	itary Training Information:
Please list any academic hono	rs, scholarships, memberships in profes	sional organizations or
extracurricular activities that 1	relate to the position. Do not list any org igion, gender or national origin.	

## FOR DRIVING JOBS ONLY

Do you have a valid driver's license? $\Box$ Yes $\Box$ No				
Driver's license number:				
Class of license:				
Have you had your driver's	license suspended or revoked in the last 3 years?		Yes	No

#### **SECTION 3: PAST EMPLOYMENT INFORMATION**

We must have accurate and complete information in previous job tasks and levels of responsibility because your work experience is an important factor in evaluating your qualifications. List names of employers in consecutive order with present or most recent employer listed FIRST. Please indicate employers you would not wish to be contacted. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and business references. A resume is welcome; however, it is our policy that an application be completed in its entirety by every applicant.

Attach additional sheets if necessary.

#### **CURRENT / MOST RECENT EMPLOYER:**

Name of Employer:				
Type of Business:				
Address:			(Street)	
			(City, State & Zip)	)
Telephone:				
Employment Dates:		to		
Your Job Title:				
May we contact this e	mployer?			Yes No
Duties:				
Starting Pay:	\$	per		
Final Pay:	\$	per		
Name of Last Supervisor:				
Reason(s) for leaving	or seeking oth	ner employment:		

Name of Employer:			 	
Type of Business:			 _	
Address:			 _(Street)	
			 _(City, State & Zip)	
Telephone:			 _	
Employment Dates:		to		
Your Job Title:			 -	
May we contact this em	ployer?		□ <sub>Yes</sub> □	No
Duties:				
Starting Pay:	\$	per		
Final Pay:	\$	per		
Name of Last Supervisor:			 -	
Reason(s) for leaving or	seeking other er	nployment:		

	1	
Name of Employer:		
Type of Business:		
Address:		(Street)
		(City, State & Zip)
Telephone:		
Employment Dates:	to	
Your Job Title:		
May we contact this emp	ployer?	□ <sub>Yes</sub> □ <sub>No</sub>
Duties:		
Starting Pay:	\$ per	
Final Pay:	\$ per	
Name of Last Supervisor:		
Reason(s) for leaving or	seeking other employment:	

SECTION 4	4: SPECIAL	SKILLS
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## Indicate skills you possess only if relevant to the job(s) for which you are applying.

Typing
Cash Register

Transcription

Other:

 $\Box$ 

 $\Box$ 

Computer Data Entry

Personal computer: List software you have used.

Heavy equipment: List machines, vehicles and equipment you have operated.

Additional information that might qualify you for the position.

## SECTION 5: ADDITIONAL INFORMATION

Have you ever plead guilty, nolo contendre (no contest) or been convicted of a felony?

Yes No

If yes, describe in full: (Conviction will not necessarily disqualify an applicant from employment.)

Are you now under charges for any offense against the law?

Yes No

If yes, describe in full:

#### **REFERENCES:**

Name	Address	Telephone	Occupation

#### CERTIFICATION

I certify that all statements on this application are true and complete. I understand that false statements or omissions on this application may result in rejection of application or dismissal from employment whenever discovered. I authorize the Village of Twin Oaks to make any investigation regarding past employment and education and authorize the references listed above to give you any and all information they possess, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to you.

I understand that in certain employment positions, the candidate may be required to undergo a physical examination after a conditional offer of employment has been made by the employer, to certify that the selected candidates can perform the requirements of the job, with or without the accommodation. I also understand that I will be required to undergo a drug and alcohol test after a conditional offer of employment has been made. A positive test as a result of the drug and alcohol screen may be reason to disqualify me for employment with the Village of Twin Oaks.

I understand that this employment application is not a contract of employment and that if I am hired, may voluntarily leave employment at any time and my employment may be terminated by the Village at any time with or without cause or notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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