



VILLAGE OF CALEDONIA

Employment Application

You must complete the entire application by including thorough, complete and accurate information. Date: _____

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)			TELEPHONE NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
ARE YOU UNDER 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
REFERRAL SOURCE: <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee _____ (PLEASE IDENTIFY) <input type="checkbox"/> Other _____ (PLEASE IDENTIFY)			

EMPLOYMENT DESIRED

Position Desired _____ Full-time Part-time Summer

Shift (Please circle): 1 2 3 Open

Have you been employed previously by the Village of Caledonia? Yes No If so, indicate location and dates

Date available? _____

Wage / Salary required \$ _____

EMPLOYMENT HISTORY

(Account for all time last 10 years)

1	PRESENT OR LAST EMPLOYER	DATES EMPLOYED		YOUR POSITION AND DESCRIPTION OF DUTIES
		FROM MO / YR	TO MO / YR	
	ADDRESS	ZIP CODE		REASON FOR LEAVING
	CITY	PHONE		
	IMMEDIATE SUPERVISOR			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME STARTING SALARY FINAL SALARY
May we contact your present employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," when may we contact? _____				
2	EMPLOYER	DATES EMPLOYED		YOUR POSITION AND DESCRIPTION OF DUTIES
		FROM MO / YR	TO MO / YR	
	ADDRESS	ZIP CODE		REASON FOR LEAVING
	CITY	PHONE		
	IMMEDIATE SUPERVISOR			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME STARTING SALARY FINAL SALARY
3	EMPLOYER	DATES EMPLOYED		YOUR POSITION AND DESCRIPTION OF DUTIES
		FROM MO / YR	TO MO / YR	
	ADDRESS	ZIP CODE		REASON FOR LEAVING
	CITY	PHONE		
	IMMEDIATE SUPERVISOR			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME STARTING SALARY FINAL SALARY
4	EMPLOYER	DATES EMPLOYED		YOUR POSITION AND DESCRIPTION OF DUTIES
		FROM MO / YR	TO MO / YR	
	ADDRESS	ZIP CODE		REASON FOR LEAVING
	CITY	PHONE		
	IMMEDIATE SUPERVISOR			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME STARTING SALARY FINAL SALARY
5	EMPLOYER	DATES EMPLOYED		YOUR POSITION AND DESCRIPTION OF DUTIES
		FROM MO / YR	TO MO / YR	
	ADDRESS	ZIP CODE		REASON FOR LEAVING
	CITY	PHONE		
	IMMEDIATE SUPERVISOR			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME STARTING SALARY FINAL SALARY

REV. 11/17

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



VILLAGE OF CALEDONIA

EDUCATION

NAMES AND ADDRESSES OF SCHOOLS ATTENDED	NO. OF YEARS ATTENDED	MAJOR FIELD OF STUDY	GRADE POINT AVERAGE	GRADUATED	
				YES	NO
HIGH SCHOOL					
COLLEGE OR UNIVERSITY (LIST)					
TECHNICAL SCHOOL OR OTHER					
OTHER EDUCATION, SPECIAL TRAINING OR COURSES COMPLETED					

PROFESSIONAL HONORS AND PROFESSIONAL ASSOCIATIONS

LIST ANY PROFESSIONAL HONORS YOU RECEIVED AND PROFESSIONAL ORGANIZATIONS IN WHICH YOU ARE ACTIVE (exclude any which indicate age, sex, race, religion, national origin, or other protected status, unless related to the job).

MILITARY SERVICE

U.S. MILITARY SERVICE <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS OF SERVICE	HIGHEST RANK	DESCRIPTION OF DUTIES
BRANCH OF SERVICE			

ADDITIONAL INFORMATION

Other qualifications, certifications, licenses, skills and abilities that may help you qualify for this position

REFERENCES

Give The Names Of Three Persons Not Related To You, Whom You Have Known At Least One Year And Who Thoroughly Understand Your Professional Abilities

NAME	PHONE	RELATIONSHIP	YEARS KNOWN
1.			
2.			
3.			

TO BE READ AND SIGNED BY APPLICANT

Please Read Carefully Before Signing This Form

All information contained in this application is true and correct to the best of my knowledge and belief. I understand the importance of this requirement and the Village's reliance on my assertions. I understand and agree that any misrepresentation, false assertion, or omission of any kind concerning information provided on this Application or information provided by me during the hiring process shall be a sufficient basis for denial of employment or immediate termination if I am hired. I further understand and agree that my failure to provide requested information in a timely manner or failure to promptly correct inaccurate information shall be sufficient basis for denial of employment or immediate termination if I am hired.

I understand the Village of Caledonia may investigate my background, including my responses on this application, and contact any of my former employers or any individuals familiar with me or my professional background for the purpose of verifying information I have provided or for the purpose of obtaining job-related information, whether favorable or unfavorable, about me. I understand the Village may conduct a drug screening and other non-medical examinations. I understand that upon receiving a conditional job offer, a physical examination and other medical examination may be required.

I recognize this application is not and should not be considered a contract of employment. I understand that employment at the Village of Caledonia is on an at-will basis and that my employment may be terminated for no reason or any lawful reason, and without notice, at any time, at my option or the Village of Caledonia's option. I further understand that no Village employee or officeholder has the authority to enter into a contract regarding duration or terms and conditions of employment other than the Village Board at a duly noticed meeting, and then only by means of a signed, written document intended to be an employment contract.

By signing below, I agree that I have read and understand the above-referenced provisions.

Date _____ Signature _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER