

# APPLICATION FOR EMPLOYMENT WITH THE VILLAGE OF EAGLE

PRE-EMPLOYMENT QUESTIONNAIRE

AN EQUAL OPPORTUNITY EMPLOYER

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## PERSONAL INFORMATION

DATE \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE # \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES ? NO ?

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES ? NO ?

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## EMPLOYMENT DESIRED

POSITION: \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? YES ? NO ? IF SO, WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

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## EDUCATION

MARK HIGHEST LEVEL COMPLETED: [ ] Some HS [ ] HS/GED [ ] Associate [ ] Bachelor [ ] Master [ ] Doctoral

LAST HIGH SCHOOL: \_\_\_\_\_ CITY/STATE \_\_\_\_\_ YEAR DIPLOMA or GED RECEIVED \_\_\_\_\_

## COLLEGES AND UNIVERSITIES ATTENDED

NAME: \_\_\_\_\_ MAJOR(S) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DEGREE(if any) \_\_\_\_\_ YEAR RECEIVED \_\_\_\_\_

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CITY/STATE/ZIP \_\_\_\_\_

DEGREE(if any) \_\_\_\_\_ YEAR RECEIVED \_\_\_\_\_

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## EXPERIENCE

EMPLOYER'S NAME \_\_\_\_\_ JOB TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMPLOYED FROM (MM/YY) \_\_\_\_\_ TO (MM/YY) \_\_\_\_\_ SALARY:\$ \_\_\_\_\_ per \_\_\_\_\_ HOURS PER WEEK \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ MAY WE CONTACT \_\_\_\_\_

DESCRIBE YOUR DUTIES AND ACCOMPLISHMENTS \_\_\_\_\_

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\_\_\_\_\_

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_  
\_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	PHONE	BUSINESS	YEARS ACQUAINTED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**IN CASE OF AN EMERGENCY**

NOTIFY: \_\_\_\_\_  
NAME ADDRESS PHONE

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION 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. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE AND WITHOUT CAUSE.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_