VILLAGE OF COLFAX Application for Employment

The Village of Colfax considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, material or veteran status, sexual orientation or any other protected status.				
(PLEASE PRINT)				
Position Applied for	Date of Application			

How Did You Learn About The Position?	
AdvertisementFriendWalk In	RelativeOther
Name	Phone #
Address	Social Security #
Address	Social Security #
City/State	
Have you ever submitted an application with us before	re?YesNo
If Yes, give date	
Have you ever been employed with us before?Y	/es No
If Yes, give date	
Are you currently employed?YesNo	
May we contact your present employer?Yes	No
Are you provented from lawfully becoming employed	in this country because of Visa or Immigration Status?
Are you prevented from lawfully becoming employed	YesNo
	(Proof of citizenship or immigration status will be required upon employment
Are you currently on "lay-off" status and subject to rec	call?YesNo
Are you a licensed driver? Yes No If yes, lice	ensed in what State?
DL#	License Class/Endorsements:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills that are applicable to the job you are applying for.

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

1. Employer	Dates Employed From To	Work Performed			
Address					
Telephone Number(s)	Hourly Rate/Salary From To				
Position Title	Supervisor				
Reason for Leaving (If still employed, state reason for seeking othe	er employment.)				
2. Employer	Dates Employed From To	Work Performed			
Address					
Telephone Number(s)	Hourly Rate/Salary From To				
Position Title	Supervisor				
Reason for Leaving					
3. Employer	Dates Employed From To	Work Performed			
Address					
Telephone Number(s)	Hourly Rate/Salary From To				
Position Title	Supervisor				
Reason for Leaving					
4. Employer	Dates Employed From To	Work Performed			
Address					
Telephone Number(s)	Hourly Rate/Salary From To				
Position Title	Supervisor				
Reason for Leaving					

If you require additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Please indicate your specialized skills and experience below:

	None	Some Experience	Experienced	Proficient
Personal Computer				
Windows				
Word				
Excel				
Access				
Outlook				
Publisher				
Power Point				
Calculator				
Copier				
Fax				

Other certifications/skills required by position (job) description (list):

On a separate sheet of paper, state any additional information you feel may be helpful to us in considering your application and attach such to this application.

References

1		
	(Name)	Phone #
	(Address)	
2.		
۷	(Name)	Phone #
	(Address)	
3.		
	(Name)	Phone #

(Address)

Note: The following must be signed in order for this application to be considered.

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 60 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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time for any reason or no reason. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In connection with my application for employment with Village of Colfax, I hereby authorize Village of Colfax and its designated agents to conduct a full investigation into my character, general reputation, personal characteristics, prior employment history and police report history in accordance with applicable law. I understand that I have the right to request disclosure of any investigative report prepared by an investigative agency in connection with this authorization within the time period provided by law, in the event Village of Colfax would inform me that my application was denied or an offer of employment was withdrawn based upon information contained in the investigative report.

I hereby release Village of Colfax, its officers, directors, employees or agents and any individuals, corporations or organizations who provide information to Village of Colfax in connection with this authorization from any liability or claims for damages.

In the event of employment, I understand that false or misleading information given in my application 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 Di	EPARTMENT USE ONLY Position Applied For Is Open:	YesNo	Date Received:	
	Position Considered For:			
Notes:				
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