

# VILLAGE OF GREENVILLE APPLICATION FOR EMPLOYMENT

## PERSONAL INFORMATION:

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than the above address):

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Incase of an emergency whom should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## AVAILABILITY:

Are you legally able to be employed in this country? \_\_\_\_\_

What type of position are you seeking?  Full time  Part time  
 Seasonal  Temporary

Are you able to meet the attendance requirements of the position? \_\_\_\_\_

When are you able to begin? \_\_\_\_\_

## EDUCATION:

	Name and Location of School	# of years	Did you graduate?	Field of study?
Grammar School				
High School				

College				
Trade or Business School				

Skills:

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**EMPLOYMENT HISTORY: (LIST LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST)**

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Dates worked: From \_\_\_\_\_ To \_\_\_\_\_  
Wage: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
May we contact this employer? \_\_\_\_\_

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**PHYSICAL INFORMATION:**

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Do you have any physical limitations that preclude you from performing any work for which you are being considered? \_\_\_\_\_

Please describe limitation - \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What can be done to accommodate your limitation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding that, if employed, any omission or 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, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living.

I understand and agree that, if hired, I will have a six-month probationary period during which time I may be released if I am unable to perform the required tasks.

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

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DO NOT WRITE BELOW THIS LINE

Interviewer or reference comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date hired: \_\_\_\_\_ Position: \_\_\_\_\_

Salary/wage: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

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This form has been designed to comply with State and Federal fair employment practice laws prohibiting employment discrimination. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.