

## **VILLAGE OF GENOA CITY**

## **Employment Application**

|               |                           |          | Applicant I  | nform    | ation   |                 |                      |    |  |
|---------------|---------------------------|----------|--------------|----------|---------|-----------------|----------------------|----|--|
| Full Name:    |                           |          |              |          |         | Date:           |                      |    |  |
|               |                           |          |              |          |         | M.I.            |                      |    |  |
| Address:      | -                         |          |              |          |         |                 |                      |    |  |
|               | Street Address            |          |              |          |         |                 | Apartment/Uni        | #  |  |
|               | City                      |          |              |          |         | State           | ZIP Code             |    |  |
| Phone:        | ·                         |          | 1            | Fmail    |         |                 |                      |    |  |
|               |                           |          |              |          |         |                 |                      |    |  |
| Date Availal  |                           |          |              |          |         | Desired         | d Salary: <u>\$</u>  |    |  |
| Driver's Lice | ense #                    |          |              | _ Stat   | e       |                 |                      |    |  |
| Position App  | olied for:                |          |              |          |         |                 |                      |    |  |
| Are you a ci  | tizen of the United Stat  |          | ES NO        | If no, a | are you | authorized to w | YES ork in the U.S.? | NO |  |
| Have you ev   | ver worked for this villa |          | ES NO        | If yes,  | when?_  |                 |                      |    |  |
| Have you ev   | ver been convicted of a   | felony?  | ES NO        |          |         |                 |                      |    |  |
| If yes, expla | in:                       |          |              |          |         |                 |                      |    |  |
|               |                           |          | Educ         | ation    |         |                 |                      |    |  |
| High School   | l:                        |          | Address:     |          |         |                 |                      |    |  |
| From:         | To:                       | Did y    | ou graduate? | YES      | NO      | Diploma::       |                      |    |  |
| College:      |                           |          | Address:     |          |         |                 |                      |    |  |
| From:         | To:                       | Did y    | ou graduate? | YES      | NO      | Degree:         |                      |    |  |
| Other:        |                           |          | Address:     |          |         |                 |                      |    |  |
| From:         | To:                       |          | ou graduate? | YES      | NO      | Degree:         |                      |    |  |
|               |                           |          | Refere       | ences    |         |                 |                      |    |  |
| Please list   | three professional refe   | erences. |              |          |         |                 |                      |    |  |
| Full Name:    |                           |          |              |          |         | Relation        | nship:               |    |  |
| Company:      |                           |          |              |          |         | Ph              | none:                |    |  |
| Address:      |                           |          |              |          |         |                 |                      |    |  |

| Full Name:         |   |                | Relationship: |               |  |
|--------------------|---|----------------|---------------|---------------|--|
| Company:           |   |                |               | Phone:        |  |
| Address:           |   |                |               |               |  |
| Full Name:         |   |                |               | Relationship: |  |
| 0                  |   |                |               | Phone:        |  |
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|                    | Previous E                                | mployme        | ent           |               |  |
| Company:           |   |                |               | Phone:        |  |
| A -1 -1            |   | Supervisor:    |               |               |  |
| Job Title:         | Starting S                                |                |               |               |  |
| Responsibilities:  |   |                |               |               |  |
| From:              | To:                                       | Reason f       | or Leaving:   |               |  |
| May we contact y   | your previous supervisor for a reference? | YES            | NO            |               |  |
|                    |   |                |               |               |  |
| Company:           |   |                |               | Phone:        |  |
| Address:           |   |                |               | Supervisor:   |  |
| Job Title:         | Starting S                                | Ending Salary: |               |               |  |
| Responsibilities:  |   |                |               |               |  |
| From:              | To:                                       | Reason f       | or Leaving:   |               |  |
| May we contact y   | your previous supervisor for a reference? | YES            | NO            |               |  |
| Company:           |   |                |               | Phone:        |  |
| Address:           |   |                |               | Supervisor:   |  |
| Job Title:         | Starting Salary:\$                        |                |               |               |  |
|                    |   | -              |               |               |  |
| izeshousiniiiles:  |   |                |               |               |  |
| From:              | To:                                       |                |               |               |  |
| May we contact y   | your previous supervisor for a reference? |                |               | YES NO        |  |

| Special Skills and Qualifications  |                                       |                |
|--|---------------------------------------|----------------|
|  |                                       |                |
|  | <del></del>                           |                |
|  |                                       |                |
|  |                                       |                |
|  |                                       |                |
|  |                                       |                |
|  |                                       |                |
|  |                                       |                |
| Military   | Service                               |                |
| Branch:  | From:                                 | To:            |
| Rank at Discharge:   | Type of Discharge:                    |                |
| If other than honorable, explain:  |                                       |                |
| Disclaimer a   | nd Signature                          |                |
| I certify that my answers are true and complete to the bes                                     |                                       |                |
|  |                                       |                |
| If this application leads to employment, I understand that interview may result in my release. | taise or misleading information in my | application or |
| Signature:   | Date:                                 |                |

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.