VILLAGE OF ROCHESTER Application for Employment

		Application Date:			
ame:(Last)	(First)	(MI)			
resent Address:	` ,	. ,			
ity:			Zip:		
hone:	Driver's Lice	nse #:			
mail Address:	State Driver	State Driver's License Issued:(example: WI, MN			
osition you are applying for:					
Full Time: Part Ti	me: 🛭 Eit	her: 🗆 Seasor	nal:		
esired salary/wage? \$ per	· Av	ailable Start Date:			
eferral Source (where did you here about th	ne position?)				
ORK AUTHORIZATION					
Are you over the age of 18 years?	☐ Yes	□ No			
f under 18, do you have a work permit?	☐ Yes	□ No			
Are you legally authorized to work in the U	S.? ☐ Yes	□ No			
Ordinances, or State or Federal laws? ☐ Ye Pending arrests or convictions are not abs f there is a substantial relationship to the o employee.)	solute bars to employme				
DUCATION AND TRAINING					
	Number of Years	Degree and			
School Name and Location High School		ajor Course of Study	Diploma/ Degree?		
Business or Technical					
College – Undergraduate					
College – Advanced Studies					
.DDITIONAL SKILLS/ TRAINING EX	PERIENCE				
ist specific certifications/ training you have	received:				

List additional job-related skills or qualifications:				
MILITARY SERVICE				
	ervice:			
Are you currently serving in Military Reserves? (We do not discriminate on the basis of n component of the military forces of the U	nembership .S. or Wisc	onsin.)	al Guard, sta	·
Employer: Most recent position first		mployed		Work Performed
Company Name:	From:			
Job Title:	То:			
FT □ PT □ Seasonal □	Starting	Salary:		
Supervisors Name and Phone #:	Final Sa	lary:	7	
Reason for leaving:				
Company Name:	From:			
Job Title:	To:		-	
FT □ PT □ Seasonal □	Starting	Salary:	-	
Supervisors Name and Phone #:	Final Sa	lary:		
Reason for leaving:				
Company Name:	From:			
Job Title:	To:		+	
FT □ PT □ Seasonal □	Starting	Salary:	\exists	
Supervisors Name and Phone #:	Final Sa	lary:		
Reason for leaving:				
If you are currently employed, may we contact you	r employer		Yes 🗆	No
REFERENCES 1. Full Name		Relationship		
1.1 un Name		Relationship	,	
Company	City / S	tate		Phone #

2. Full Name	Relationship	
Company	City / State	Phone #
3. Full Name	Relationship	<u> </u>
Company	City / State	Phone #

DISCLOSURES:

- I certify the information contained this application (and accompanying resume or other documents) is true and complete to the best of my knowledge. I understand that if employed, any misstatements or omissions of information provided during the application or interview process will result in dismissal, regardless of when discovered.
- The Village of Rochester may investigate all statements contained in this application (and any resume or any other
 accompanying documents) as may be necessary. I understand that my prior employers may be contacted for the
 purpose of investigating my background. I also authorize all personnel, schools, companies, corporations, credit
 bureaus and law enforcement agencies to supply all pertinent information and release the same from any liability
 resulting from providing such information.
- I understand that from time to time the Village of Rochester may be asked to submit/ release certain information,
 including, but not limited to, my employment or application for employment. I release the Village of Rochester and its
 agents from any liability resulting from submitting/ releasing such information.
- I acknowledge that the Village of Rochester may request, as a condition of any offer of employment that is made or for
 continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if
 required now or in the future. I understand that when drug testing is required, a satisfactory result may be a
 condition of employment.
- I understand that federal law prohibits the employment of unauthorized aliens and required satisfactory proof of
 employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization
 and identity. Please have necessary documents promptly available for inspection as required by law.
- I understand that the Village of Rochester are Equal Opportunity Employers.
- I will inform the Village of Rochester of any reasonable accommodations I need (under the American with Disabilities Act) to complete the application process or to perform any essential elements of the position sought.
- I further acknowledge that this application is not a contract of employment. I realize that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the Village of Rochester, and any offer of employment if such is made, is for no fixed period and is terminable-at-will, with or without cause, and without prior notice at anytime at the option of the Village of Rochester or myself.

Please write a paragraph describing your skills, knowledge and expertise you bring to the work force. A short narrative in your own handwriting will be used in evaluating your application for employment.						vork for	

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Namo:		Signature:
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	(Please print)	
	/ I/	

Authorization for Release of Information

In connection with my application for employment with the Village of Rochester, I understand the Village of Rochester may request consumer reports, which may contain public record information. The reports may include the following types of information; Names and dates of previous employers, reason for termination of employment, job performance, work experience, etc. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, school records, etc. from Federal, State, other agencies and former employers which may contain such records. I acknowledge that I may, at my request, receive the name and address of the agency so that I may obtain from them, the nature and substance of the information contained in the report.

I further acknowledge and agree that a reproduced copy of this authorization will be valid as the original.

In the instance of previous employment records, I understand that I may be asked to sign additional release and indemnification agreements regarding the background screening process. I understand that I may negotiate the terms of that agreement and that I will not be considered for employment if an agreement is not reached.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS ANDN SIGN THIS AUTHORIZATION FOR RELEASE OF INFORMATION ON MY OWN FREE WILL.

Applicant Signature:	Date:	_
Applicant Name (print):	_	
Witness Signature:	<u> </u>	