

VILLAGE OF ENOSBURG FALLS, INC

Employment Application

The Village of Enosburg Falls is an equal opportunity employer and does not discriminate on the basis of any characteristic protected by applicable state or federal law.

APPLICANT INFORMATION										
Last Name		First		M.I.	Date					
Street Address					Apartment/Unit #					
City				State			ZIP			
Phone				E-mail Address						
Cell				Date Available			Desired Salary			
Position Applied for										
				If no, are you legally authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
EDUCATION										
High School				Address						
Number or Years Completed:				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College				Address						
Number or Years Completed:				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other				Address						
Number or Years Completed:				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES										
<i>Please list three professional references.</i>										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I understand that any false, misleading, or omitted information in this Application or provided in an interview may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.</p>	
Signature	Date

ACKNOWLEDGMENTS AND CERTIFICATIONS

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment drug test after receiving a conditional offer of employment and must receive a negative test result before being permitted to commence work. If there will be a pre-employment drug test, I understand I will be provided with separate notice.

_____ Initials

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work.

_____ Initials

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history, and/or other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

_____ Initials

I understand that employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I hereby certify that, if employed, my employment will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-compete, or other similar post-employment restriction or agreement I have with any current or former employer.

_____ Initials

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature: _____

Date: _____