

VILLAGE OF ROCHESTER

Application for Employment

Application Date: _____

Name: _____
(Last) (First) (MI)

Present Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Driver's License #: _____

Email Address: _____ State Driver's License Issued: _____ (example: WI, MN, FL, etc.)

Position you are applying for: _____

Full Time: ☐ Part Time: ☐ Either: ☐ Seasonal: ☐

Desired salary/wage? \$_____ per _____ Available Start Date: _____

Referral Source (where did you here about the position?) _____

WORK AUTHORIZATION

Are you over the age of 18 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If under 18, do you have a work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you legally authorized to work in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL INFORMATION

Would you be willing to take a drug test as a condition of the hiring process with the Village of Rochester? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted or do you have any pending charges for any violations of Municipal or County Ordinances, or State or Federal laws? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Pending arrests or convictions are not absolute bars to employment and will be considered in the hiring process only if there is a substantial relationship to the circumstances of the particular job or if bondability is required for the employee.)

EDUCATION AND TRAINING

School Name and Location	Number of Years Completed	Degree and Major Course of Study	Diploma/ Degree?
High School			
Business or Technical			
College – Undergraduate			
College – Advanced Studies			

ADDITIONAL SKILLS/ TRAINING EXPERIENCE

List specific certifications/ training you have received: _____

List additional job-related skills or qualifications: _____

MILITARY SERVICE

☐ Yes ☐ No Branch of Service: _____

Are you currently serving in Military Reserves? ☐ Yes ☐ No National Guard? ☐ Yes ☐ No
(We do not discriminate on the basis of membership in the National Guard, state defense force or any reserve component of the military forces of the U.S. or Wisconsin.)

EMPLOYMENT HISTORY: Please list the name and addresses of your most recent employers.

Employer: Most recent position first	Employed	Work Performed
Company Name:	From:	
Job Title:	To:	
FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Salary:	
Supervisors Name and Phone #:	Final Salary:	
Reason for leaving:		
Company Name:	From:	
Job Title:	To:	
FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Salary:	
Supervisors Name and Phone #:	Final Salary:	
Reason for leaving:		
Company Name:	From:	
Job Title:	To:	
FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Salary:	
Supervisors Name and Phone #:	Final Salary:	
Reason for leaving:		

If you are currently employed, may we contact your employer: ☐ Yes ☐ No

REFERENCES

1. Full Name		Relationship	
Company	City / State	Phone #	

Name: _____ **Signature:** _____
(Please print)

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 AND SIGN THIS AUTHORIZATION FOR RELEASE OF INFORMATION ON MY OWN FREE WILL.

Applicant Signature: _____

Date: _____

Applicant Name (print): _____

Witness Signature: _____