VILLAGE OF ROCHESTER Application for Employment

ame:(Last)		First)	(MI)	
	•	-iist)	(IVII)	
esent Address:				
ity:	Sta	te:	Zip	:
hone:	Dri	ver's License #:		
mail Address:	Sta	te Driver's License I	ssued:(ex	cample: WI, MN, FL, etc.
osition you are applying for:				
Full Time:	Part Time:	Either: □	Seasonal:	
esired salary/wage? \$	per	Available Star	t Date:	
deferral Source (where did you here	e about the position?)			
VORK AUTHORIZATION				
Are you over the age of 18 years?		Yes 🔲 I	No	
If under 18, do you have a work pe	ermit?	Yes	No	
Are you legally authorized to work	in the U.S.?	Yes 🔲	No	
Would you be willing to take a dru Have you ever been convicted or o Ordinances, or State or Federal la	g test as a condition of the do you have any pending ws? □ Yes □ No	charges for any vio	lations of Municip	eal or County
Would you be willing to take a dru Have you ever been convicted or o Ordinances, or State or Federal la (Pending arrests or convictions ar if there is a substantial relationshi employee.)	g test as a condition of the do you have any pending ws? ☐ Yes ☐ No re not absolute bars to ere p to the circumstances of	charges for any vio	lations of Municip	nal or County
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Would you be willing to take a dru Have you ever been convicted or of Ordinances, or State or Federal later (Pending arrests or convictions are if there is a substantial relationship employee.) EDUCATION AND TRAINING School Name and Location High School Business or Technical	g test as a condition of the do you have any pending ws? Yes No The not absolute bars to erep to the circumstances of the documents of the do	charges for any vio	lations of Municipole considered in to the principole of the princ	he hiring process only required for the

List additional job-related skills or qualifications:				
MILITARY SERVICE ☐ Yes ☐ No Branch of Se	rvice:			
Are you currently serving in Military Reserves? (We do not discriminate on the basis of m component of the military forces of the U. EMPLOYMENT HISTORY: Please list the nan	embership S. or Wisco	onsin.)	al Guard, sta	•
Employer: Most recent position first	Er	nployed		Work Performed
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:	То:			
FT □ PT □ Seasonal □	Starting	Salary:		
Supervisors Name and Phone #:	Final Sa	lary:		
Reason for leaving:				
Company Name:	From:			
Job Title:	To:		_	
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FT □ PT □ Seasonal □	Starting	-		
Supervisors Name and Phone #:	Final Sa	ary:		
Reason for leaving:				
If you are currently employed, may we contact your	r employer:	0	Yes 🗆	No
1. Full Name		Relationship)	
Company	City / S	tate		Phone #

2. Full Name		Relationship	
Company	City / Sta	ate	Phone #
3. Full Name		Relationship	
Company	City / Sta	ate	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.				e work on for	

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Name		Cianatura
name:		Signature:
	(Please print)	
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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:	