## VILLAGE OF FUNK APPLICATION FOR EMPLOYMENT

Name:				FOR O	FICIAL	USE ONLY
Last Firs	t	Middle	e	Doc. Copies Re	equested:	Date Received:
Current Address:				4 . Ui-b C-b I	Dialogo	
		C+++- 7:		1. High School	-	
Street Address	City,	State, Zip	)	<ol> <li>College Deg</li> <li>All In-Service</li> </ol>		
		_		4. All Voc/Tec		
Home Ph. #: () Ce	ell Ph. #: <u>(</u>			5. All Licenses		
				Officer-Fi		
Work Ph. #: ()				6. Driver's Lice	-	
<del></del>				7. Social Secui	ity	
Social Security #:	DOB:					
Driver's License #:	Type:	State:				
Expiration Date:	Endorse	ments:		Restricti	ons:	
•						
<b>EDUCATION</b> Circle the h			ed: GEI	9 10	11 12	Master's PhD
High School Name:	Field (	of Study	Gra	aduated: City,	State:	Year
_			Ye	es		Graduated:
				o		
			14	o		
College/Vocational/Technical Name:	Field c	of Study	Gra	duated: City,	State:	Date
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		es		Completed:
						completed.
			IN	0		
College/Vocational/Technical Name:	Field o	of Study	Gra	iduated: City,	State:	Date
			Ye	es		Completed:
			N	o		
BACKGROUND	-+?	Voc	Nia			
Are you a citizen of the United St		Yes				
If no, do you have a valid work pe	ermit?	Yes	_ No _	Permit	#:	
Have you ever been convicted of	a felony?	Yes	No _			on:
(If yes, give details on the reverse of th	is form)			City/Sta	te:	
Are you a Peace Officer?	Yes	No	Aca	demy attende	ed:	
				e graduated:		
Are you Fire/Arson trained?	Yes	No		_		
- , ,	- 55			te graduated:		
Are you Emerg Mgmt trained?	Vac	No		_		
Are you time g wight trained!	163	_ 110				
Have you ever served in any bran		lian 2		te graduated:		 arge Date:
nave you ever served in any bran	aco or the IVII	III a ( V r	Bra	IHCH:	เมระท	aree Dale:

## **5 YEAR EMPLOYMENT HISTORY**

This section must be completed even if you are attaching a resume. Since every effort will be made to contact current and previous employers, *correct telephone numbers are important*.

City/State	 Phone #
<del>-</del>	<del></del>
Job Title our supervisor?    Yes No	Supervisor's Name 
son for leaving:	
City/State	Phone #
Job Title our supervisor? Yes No	Supervisor's Name
son for leaving:	
City/State	Phone #
Job Title	 Supervisor's Name
our supervisor? Yes No	•
	Job Title our supervisor? Yes No _  ason for leaving:  City/State  Job Title our supervisor? Yes No _  City/State  Job Title our supervisor? Yes No _

PREVIOUS EMPLOYER		
Company Name	City/State	Phone #
Date Employed: From: To:		
Date Employed: From: To: Full Time Part Time		
If currently employed, may we contact	your supervisor? Yes No	
Duties:		
Re	ason for leaving:	
PREVIOUS EMPLOYER		
Company Name	City/State	Phone #
Date Employed: From:To:		
Full Time Part Time	Job Title	Supervisor's Name
If currently employed, may we contact	your supervisor? Yes No	
Duties:		
Re	eason for leaving:	
PREVIOUS EMPLOYER		
Company Name	City/State	Phone #
Data Employeds From To		
Date Employed: From: To: Full Time Part Time	Job Title	Supervisor's Name
If currently employed, may we contact		•
Duties:		
Re	ason for leaving.	

## **PERSONAL REFERENCES**

**Applicant's Signature** 

This section must be completed even if you are attaching a resume. Since every effort will be made to contact all personal references listed, *correct telephone numbers are important*. (NOTE: Please do not submit relatives names)

Address		
	Work # ()	
Years Known	Association (Friend, Co-worker, etc.)	
Name		
Address		
City/State		
Home Phone # ( <u>)</u>	Work # ()	Cell # ( <u>)</u>
Years Known	_ Association (Friend, Co-worker, etc.)	
Name		
Address		
AddressCity/State		
Address  City/State  Home Phone # ()		Cell # ( <u>)</u>

Date