VILLAGE OF LAFARGE APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related medical condition or handicap, or any other legally protected status.

| | | Date of | application | | | |
|--|---------------|------------|--------------|------------------|-----------------|------|
| Position Applied For | | | | | | |
| Name | FIRST | | MIDDLE | | | |
| Address Number | Street | City | Stat | e | Zip | Code |
| Phone No. | | | | | | |
| Have you been employ | ed by the Vi | llage Befo | oreY | es | No | _ |
| Are you available to | work Full | Time | Part Time | Shi | ft | |
| Are you under 18 | Are you a | a citizen | of the U.S. | Yes | No_ | |
| Are you on lay-off a | nd subject to | o recall_ | | Yes_ | No | |
| Can you travel if a | job requires | it | | _Yes | _ No_ | |
| Do you have a valid Drivers License Yes No | | | | | | |
| Do any of your relatives work for the Village Yes No | | | | | | |
| If yes, list name de | | | | | | |
| Have you been convic | ted of a fel | ony withi | n the last 7 | 7 years | | |
| | Yes | No | | a | | |
| If yes, explain | | | | | | |
| (Conviction will not employment) Do you have any Crimviolations? Yesautomatic bar to emp | ninal Charges | Pending? | Other than | minor s are r | traff not an | l |

EMPLOYMENT EXPERIENCE

| EMPLOYER | | WORK PERFORMED |
|----------------------------------|---|-----------------------------|
| Address | From To | |
| lob Title | Hourly Rate | |
| Reason for Leaving | | |
| | | |
| EMPLOYER | Dates | WORK PERFORMED |
| Address | From To | |
| Job Title | | |
| Reason for Leaving | Hourly Rate | |
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| EMPLOYER | Dates | WORK PERFORMED |
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| Reason for Leaving | Hourly Rate | |
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| FMD: OVED | Dates | WORK PERFORMED |
| EMPLOYER | From To | WORK FERI ORIMED |
| | | |
| Job Title | Hourly Rate | |
| Reason for Leaving | | |
| | | |
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| State any additional informatio | on you feel may be helpful to us in cor | isidering your Application. |
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| EDUCATION | | | | | | | | | | |
|------------------------------|-----------|------------------|---------------|-----------------|-----------------|--------|---------|-------------------|---------------------|--|
| Circle the Highest | Grade o | r Year | Cor | mplet | ed in | Scho | ool | | | |
| 1 2 3 | 3 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | |
| List College or Univ | versity A | Attend | ed _ | | | | | | | |
| Number of Years | Circle | | 1 | 2 | 3 | 4 | 5 | 6 | | |
| Credit Earned | | | | | | Maj | or Fie | eld | | Degree Conferred |
| | | | | | | | | | | |
| Any other Training | or Scho | ools A | ttenc | ied: | | | | | | |
| (Vocational, Co | rrespon | dence | Cou | ırses, | Nurs | ing S | School | s) L | ist Lice | nses or Certificates obtained. |
| List any Special Sk | ills or C | ualific | atio | ns | | | | | | |
| Are you prevented YesNo | from La | awfully of of | y be Citiz | comin enship | ig em p or i | ploye | ed in t | his cou status | intry of will be | VISA or immigration status? required upon employment.) |
| List office machine | s other | than t | typev | vriter | whic | h you | ı can | operat | e skillfu | illy |
| | | -1.11 | | | | | | · | | |
| Have you any bool | kkeeping | j skills | s - e: | xplair | ١ | | | | | |
| REFERENCES Give name, addres | s and p | hone | numl | ber o | f thre | e refe | erence | | | to you. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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| Are you able to perform all the functions/duties applying for? Yes No | of the job you are |
|---|--------------------|
| If no, please identify which essential functions | you are unable to |
| perform. | |
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AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH

VILLAGE OF LA FARGE

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the Village of LaFarge shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the Village of LaFarge any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the Village of LaFarge, including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition a copy of this authorization is as valid as the original and should be recognized as such.

| APPLICANT'S | SIGNATURE |
|-------------|-----------|
| | |
| DATE | |

THE VILLAGE OF LAFARGE IS AN EQUAL OPPORTUNITY EMPLOYER