VILLAGE OF METAMORA
“An Equal Opportunity Employer”

APPLICATION FOR EMPLOYMENT

1. Name: ________________________________________________________

2. Address: ______________________________________________________

3. City: ________________________ State: ________ Zip: ____________

4. Phone Number: _______________________________

5. Position Applying For: ________________________________

6. Date of Availability, if Hired: _____________________

7. Highest Grade of Education Completed: __________

8. Please provide the following information about your education.
   a. School Name: __________________________________________
      Degree(s) or Diploma: ________________________________
   b. School Name: __________________________________________
      Degree(s) or Diploma: ________________________________

9. Please describe your work skills. (Include machines, tools, equipment, and other
   abilities applicable to this job, which you possess.)

   ________________________________________________________
   ________________________________________________________

10. If you were ever a member of the Armed Forces, please complete the following:

    Branch of Service: ____________________

    Rank at Discharge: ________________________

    Date of Service: __________________________

    Responsibilities: __________________________
11. What are your hobbies: __________________________________________

_______________________________________________________________

12. List any civic/professional organizations to which you belong(ed):

_______________________________________________________________

13. List any awards you have received:

_______________________________________________________________

14. Beginning with your most recent or current employer, please provide the following information about each employer. (If additional space is needed, please attach an additional sheet).

   Employer: ____________________________________________
   Dates of Employment: ________________________________
   Address: ____________________________________________
   Job Title: ____________________________________________
   Supervisor’s Name: ____________________________________
   Job Duties: __________________________________________
   Ending Salary: ________________________________

   Employer: ____________________________________________
   Dates of Employment: ________________________________
   Address: ____________________________________________
   Job Title: ____________________________________________
   Supervisor’s Name: ____________________________________
   Job Duties: __________________________________________
   Ending Salary: ________________________________

   Employer: ____________________________________________
   Dates of Employment: ________________________________
   Address: ____________________________________________
   Job Title: ____________________________________________
   Supervisor’s Name: ____________________________________
   Job Duties: __________________________________________
   Ending Salary: ________________________________
Address: __________________________________________
Job Title: __________________________________________
Supervisor’s Name: __________________________________
Job Duties: _________________________________________
Ending Salary: _______________________________________

15. Below, list three references who are not members of your family:

   Name: __________________________
   Address: ______________________________________________
   Name: _____________________________________
   Address: ______________________________________________
   Name: _____________________________________
   Address: _______________ _______________________________

Desired Salary: ____________________________

By my signature on this application, I:

   a. Authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for employment.

   b. Affirm that the above information is true to the best of my knowledge.

   c. Realize that falsification may be grounds for dismissal.

__________________________________________  __________
Applicant’s Signature                             Date