

# VILLAGE OF SHELBY

## Employment Application



APPLICANT INFORMATION											
Last Name			First			M.I.		Date			
Street Address						Apartment/Unit #					
City				State		ZIP					
Phone				E-mail Address							
Date Available			Social Security No.			Desired Salary					
Position Applied for											
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION											
High School			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
PREVIOUS EMPLOYMENT											
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$	
Responsibilities											
From		To		Reason for Leaving							
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company						Phone					
Address						Supervisor					
Job Title				Starting Salary		\$		Ending Salary		\$	
Responsibilities											

From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$

Responsibilities

From	To	Reason for Leaving
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

**LICENSES AND CERTIFICATES** *(please list below)*

---



---



---

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------