



## EMPLOYMENT APPLICATION

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street, P.O. Box, Apt.# City State Zip Code

**Telephone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell phone number:** \_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Acceptable salary / rate of pay:** \_\_\_\_\_

**Date available for employment:** \_\_\_\_\_

**High School Diploma?**  Yes  No **G.E.D.?**  Yes  No

**List college education, begin with the most recent:**

School and Address	Major	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Driver's License#:** \_\_\_\_\_ **State issued:** \_\_\_\_\_

**Commercial Drivers License** \_\_\_\_\_ **Class** \_\_\_\_\_

**Have you served on active duty with the United States Armed forces?** Yes \_\_\_ No \_\_\_

**If yes, list Military duties** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

May we contact employers for verification of information? Yes \_\_\_\_\_ No \_\_\_\_\_

1. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer (Firm Name) : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

Position held and duties: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer (Firm Name) : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

Position held and duties: \_\_\_\_\_  
\_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer (Firm Name) : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

Position held and duties: \_\_\_\_\_  
\_\_\_\_\_

Are there other people who can provide information regarding your work history? If yes list their names and phone numbers below \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References (persons not previously listed as supervisors or relatives)**

1. \_\_\_\_\_  
Name Occupation

\_\_\_\_\_  
Name of Business Phone

2. \_\_\_\_\_  
Name Occupation

\_\_\_\_\_  
Name of Business Phone

3. \_\_\_\_\_  
Name Occupation

\_\_\_\_\_  
Name of Business Phone

I have been provided a copy of a job description for the position I am applying for and certify that I can perform all the essential functions as described in the job description. Yes \_\_\_ No \_\_\_  
If no what reasonable accommodation are you requesting? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the investigation of all facts contained in this application together with any and all other facts which are reasonably necessary to determine my suitability for employment. I understand that I may be requested to complete a physical examination including a test for drugs and alcohol, if required by my position.  
I also understand that any misrepresentation or omission of facts called for is cause for rejection of this application or dismissal after employment.

\_\_\_\_\_  
Applicant Signature Date

The Village of Angel Fire is an Equal Opportunity Employer