



# Village of Clayton

## EMPLOYMENT APPLICATION

### Application Information

Full name:				Date:		
	Last	First	M.I.			
Address:				Phone:		
	Street address		Apt./Unit #			
				Email:		
	City	State	Zip Code			

Date Available:		S.S. 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 yes, 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"/>	Diploma:	
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:	

References

Please list three professional references.

Full name:			Relationship:		
Company:			Phone:		
Address:			Email:		

Full name:			Relationship:		
Company:			Phone:		
Address:			Email:		

Full name:			Relationship:		
Company:			Phone:		
Address:			Email:		

Previous Employment

Company:			Phone:		
Address:			Supervisor:		
Job title:			From:		To:
Responsibilities:					
Reason for leaving:					
Weekly final salary:					
May we contact your previous supervisor for a reference?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:				Phone:		
Address:				Supervisor:		
Job title:				From:		To:
Responsibilities:						
Reason for leaving:						
Weekly final salary:						
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Company:				Phone:		
Address:				Supervisor:		
Job title:				From:		To:
Responsibilities:						
Reason for leaving:						
Weekly final salary:						
May we contact your previous supervisor for a reference?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Military Service**

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

**Disclalmer 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: \_\_\_\_\_