VILLAGE OF CHAPIN APPLICATION FOR EMPLOYMENT

The Village of Chapin considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

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Position Applied for:	Date	e of Application:	
How Did You Learn About Us?			
Advertisement Friend	Walk-In	Employment Agency Rel	ative
Other			
Last Name		Middle Name	
Address		State Zip Coo	
Telephone Number	Soci	ial Security Number	
If you are under 18 years of age, can you			
Have you ever filed an application with u			Yes No
		If Yes, give date	
Have you ever been employed with us b	efore?		Yes No
That's you store seem surprise		If Yes, give date	
Are you currently employed?			Yes No
May we contact your present employer?			Yes No
Are you prevented from lawfully becomin country because of Visa or Immigration Proof of citizenship or immigration status will	ng employed in this		Yes No
On what date would you be available for			
Are you available to work: Full Time	e Part Time	e Shift Work Temporary	
Are you currently on "lay-off" status and	subject to recall?		Yes No
Can you travel if a job requires it?			Yes No
Have you been convicted of a felony or Conviction will not necessarily disqualify an a	misdemeanor? applicant from employ	ment	Yes No
If Yes, please explain			

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

HIGH SCHOOL

Describe any job-related training received i	n the United States military.		
EMPLOYMENT & RELATE	ED EXPERIENCE		-
Start with your present or last job. Include may exclude organizations which indicate status. Do not exclude any employment or	race, color, religion, gender, national	nments and volun origin, disabilities	teer activities. Your contected to the content to the contected to the content to the contected to the contected to the content
1. Employer:	Dates Employed:	From	_To
Address:			
Telephone Number(s):		Starting Salary:	
Ending Salary:			
Job Title:	Supervisor:		
Work Performed:			
2.Employer:	Dates Employed:	From	_ То
Address:			
Telephone Number(s):		Starting Salary:	
Ending Salary:			
Job Title:			
Work Performed:			
2. 5	Dates Employed:	From	To
3. Employer:			
Address:			

Ending Salary:		
Job Title:	Supervisor:	
Work Performed:		
4. Employer:	Dates Employed:	From To
Telephone Number(s):		Starting Salary:
Ending Salary:		
Job Title:	Supervisor:	
Work Performed:		
List professional, trade, business or for which you are making application	civic activities and offices held which you b	pelieve may relate to your qualificati

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that if I wish to be considered for employment beyond this time period, I should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Chapin is of an "at will" nature, which means that I may resign at any time and the Village may discharge me at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the Village.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that the Village requires applicants for employment to take a drug and alcohol screening test as part of a pre-employment physical examination, and that any offer of employment with the Village is conditional upon the results of my test for drugs or alcohol being satisfactory. I further understand that if I am employed with the Village, I will be required to submit to a drug or alcohol test if the Village has a reasonable suspicion that I am under the influence of alcohol or drugs. I agree to execute any documents required of me to release the results of drug and alcohol testing to the Village.

I understand that in processing this employment application, the Village may perform or have performed an investigation into my criminal background, character and general reputation, and that any offer of employment with the Village is conditional upon the results of the investigation being satisfactory. I give the Village permission to conduct an investigation into my criminal background, character and general reputation.

Signature of Applicant	Date

CONSENT TO CRIMINAL BACKGROUND INVESTIGATION

I understand that in processing this employment application, the Village of Chapin may
perform or have performed an investigation into my criminal background, character and general
reputation, and that any offer of employment with the Village of Chapin is conditional upon the
results of the investigation being satisfactory. I give the Village of Chapin permission to conduct
an investigation into my criminal background, character and general reputation.
Name of Applicant Date

Additional Information for Applicants to the Village of Chapin Fire Department and the Chapin Area Rescue Squad

Name:	Home Phone:
Address:	Cell Phone:
Fire Related Certifications or Cla	asses Completed:
EMS Related Certifications or C	lasses Completed:
Other Courses or Certificates H	eld (EMT, NIMS, MS Word, MS Excel, etc.), if any: