

College, University, Business, Technical, Vocational, or Military Academy		Dates Attended (Mo./Yr. To Mo./Yr.): Degree:	
Graduate or Professional School		Dates Attended (Mo./Yr. To Mo./Yr.): Degree:	

Are you currently enrolled in an educational program? Yes No If yes, what is your main course of study and where are you attending?

LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess: a valid Driver's License _____ a valid Commercial Driver's License _____
please list state and number please list state and number

Professional/Technical Licenses and Registrations

Type	State	Number	Expiration Date (if any)

MILITARY SERVICE

Were you in the U.S. Armed Forces: Yes No If yes, what branch? _____

Dates of Services: From: _____ to _____ Rank: _____

Technical Specialization: _____

AWARDS, HONORS, ACHIEVEMENTS, INTERESTS

Please list any awards, honors, achievements, volunteer or community services activities, special interests, hobbies, or any organizations of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

Reason for Leaving:

The Village of Archbold may contact former employers. If you prefer that we do not contact your present employer until such time as a conditional offer of employment is made, please check this block:

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number:(_____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving:

EXPERIENCE (continued)

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number:(_____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving:

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number:(_____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving:

REFERENCES

Please list three individuals, other than relatives, whom we may contact as references regarding your character, ability, or experience.

Name	Home Phone Number (with area code)	Work Phone Number (with area code)	Type of Reference (personal, professional, educational, etc.)

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the Village of Archbold may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature: _____

Date: _____
