



VILLAGE OF HOWARD CITY
Application for Employment

Date: _____

Name (Last, First, Middle Initial): _____

Social Security #: _____ Driver's License #: _____

Address: _____

Phone #: _____ Date You Can Start: _____

Are you related to a current Village employee? If so, who? _____

Do you have any physical condition that may prevent you from performing certain kinds of work? _____
If yes, please explain: _____

Are you currently employed? Where? _____

Are you a veteran? _____ Date of Discharge: _____

EDUCATION	LOCATION	DATES ATTENDED	DEGREE/MAJOR
College			
High School			

LIST BELOW THE POSITIONS THAT YOU HAVE HELD (Last position first)

Company Name and Address:	Position and Responsibilities:
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Name of Supervisor:	Reason for Leaving:
Dates of Employment:	

Company Name and Address: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Position and Responsibilities:
Name of Supervisor:	Reason for Leaving:
Dates of Employment:	
Company Name and Address: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Position and Responsibilities:
Name of Supervisor:	Reason for Leaving:
Dates of Employment:	

List Three (3) References: (Name, Address and Phone Number)

1. _____

2. _____

3. _____

“This institution is an equal opportunity provider”