Name:						
	Last	First	Middle	e M	laiden	
Present address: _		Street	011			
			City	State	Zip	
low long at presen	t address:	Social Secu	rity No.			
elephone: Home ()		Cell ()		
f under 18, please list age			Days/hours a	Days/hours available to work:		
				e Thurs	•	
Position applied for and salary desired (Be specific):			Monday _	Friday	/	
	-	·	_			
1)			Tuesday	Saturo		
1) 2) How many hours NOTE: All Village	can you work w	veekly?\	Tuesday Wednesday _ When available for e (up to 40 hours/w	work?	ay	
1) 2) How many hours	can you work w	veekly?\ vesitions are part-tim	Tuesday _ Wednesday _ When available for	work?	ау	
1)	can you work w	veekly?\ vesitions are part-tim	Tuesday Wednesday When available for e (up to 40 hours/w	Sunda work? /eek)	MAJOR 8	
1)	can you work w	veekly?\ vesitions are part-tim	Tuesday Wednesday When available for e (up to 40 hours/w	work?	MAJOR 8	
1)	can you work w	veekly?\ vesitions are part-tim	Tuesday Wednesday When available for e (up to 40 hours/w	work?	MAJOR 8	
1) 2) How many hours NOTE: All Village	can you work w	veekly?\ vesitions are part-tim	Tuesday Wednesday When available for e (up to 40 hours/w	work?	MAJOR 8	

Do you have a driver's license? ☐ No ☐ Yes ☐	☐ Operator ☐ Com	mercial (CDL) Chauffeur
Driver's license number:	_ State of issue:	
What is your means of transportation to work?		
Expiration date:		
Any accidents during the past three years?	□ No □ Yes	How many?
Any moving violations during the past three years?	☐ No ☐ Yes	How Many?
Please list two references other than	relatives or previou	us employers.
Name:	Name:	
Position:	Position:	
Company:		
Address:		
Telephone: ()	Telephone: ()
An application form sometimes makes it difficult for a complete background. Use the space below to summ describe your full qualifications for the specific positions.	narize any additiona	al information necessary to

MILITARY

Have you ever been in the Armed Forces: No	o □ Yes - □ Army □ Navy □	Air Force Marines
Are you now a member of the National Guard: \Box]No □ Yes Specialty:	
Type of Discharge:	Date Entered: Dis	scharge Date:
Work Please list your work experience for the Experience If you were self-employed, give firm		
Name of Employer:		
Address:		
City, State, Zip Code:		
Phone Number:	Employment Dates: From:	To:
Name of last Supervisor:	Pay or Salary: Start:	Final:
List the jobs you held, duties performed, skills used or learn	ed, advancements or promotions while you	worked at this company.
Name of Employer:		
Address:		
City, State, Zip Code:		
Phone Number:	Employment Dates: From:	To:
Name of last Supervisor:	Pay or Salary: Start:	Final:
Reason for leaving (be specific): List the jobs you held, duties performed, skills used or learn	ed, advancements or promotions while you	worked at this company.
_		

Name of Employer:		
Address:		
City, State, Zip Code:		
Phone Number:	Employment Dates: From:	To:
Name of last Supervisor:	Pay or Salary: Start:	Final:
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned	d, advancements or promotions while you v	vorked at this company.
Name of Employer:		
Address:		
City, State, Zip Code:		
Phone Number:	Employment Dates: From:	To:
Name of last Supervisor:	Pay or Salary: Start:	Final:
Reason for leaving (be specific):		
List the jobs you held, duties performed, skills used or learned	d, advancements or promotions while you v	vorked at this company.
Authorization and Understanding:		h., :
Upon signing of this application, I represent that all of application for employment is true and complete. I auth		•
employment, education, driving record, criminal history	y, credit history or medical history with	the appropriate
individuals, companies, institutions or agencies and I are including my prior disciplinary employment record, wi		
I hereby release the Village of Estral Beach from any li	• •	
disclosures. I agree that any false information in support	et of my application may subject me to	discharge at any time
during the period of my employment. If hired by the Vi		
policies, regulations and terms and conditions of emplo party may terminate employment relationship, with or v		
employment is conditional until such time as the results		
background check, if such are required, are known.		
Applicants Signature:	Date:	