



APPLICATION FOR EMPLOYMENT
(An Equal Opportunity Employer)

Title of Positions Applied For: _____

Second Choice: _____

Third Choice: _____

First Date Available for Work: _____ Last Date Available for Work: _____

NAME _____ RES. PHONE _____
(Please include: first name, middle initial, last name)

ADDRESS (STREET) _____ BUS. PHONE _____
(CITY, STATE, ZIP CODE)

Are you at least 18 years of age? [] Yes [] No
 Are you a resident of the Village of Harrison? [] Yes [] No
 Have you ever been employed by the Village of Harrison? [] Yes [] No

If yes, when, in what position? _____

Have you ever been convicted of a felony? [] Yes [] No

If yes, please Explain: _____

SCHOOL SECTION

HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL
(CIRCLE ONE)

1 2 3 4 5 6 7 8 9 10 11 12 GRADUATE? [] Yes [] No

NAME AND LOCATION OF HIGH SCHOOL _____

If you have not received a high school diploma, have you passed a high school equivalency or GED test? [] Yes [] No

| | | | | | | | | |
|--|--|---|---|---|---|---|---|---|
| TRAINING BEYOND HIGH SCHOOL COLLEGE OR UNIVERSITY, NURSING, BUSINESS COLLEGE, OR OTHER SCHOOLS ATTENDED | CIRCLE THE NUMBER OF YEARS COMPLETED IN A POST-SECONDARY SCHOOL | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

| College, University or School Name and Location | Presently Attending | Major Field | Degree Conferred and Year |
|--|------------------------|-------------|------------------------------|
| _____ | YES NO | _____ | _____ |
| _____ | YES NO | _____ | _____ |
| _____ | YES NO | _____ | _____ |

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, etc.
List dates.

EMPLOYMENT HISTORY

List your past three WORK experiences (paid or volunteer) starting with the most recent.

1)

| | | | |
|--------------------|----------------------|-------|----|
| Position Held | Position Description | | |
| Employer | Address | Phone | |
| Supervisor | Dates of Employment: | From | To |
| Reason for leaving | | | |

2)

| | | | |
|--------------------|----------------------|-------|----|
| Position Held | Position Description | | |
| Employer | Address | Phone | |
| Supervisor | Dates of Employment: | From | To |
| Reason for leaving | | | |

3)

| | | | |
|--------------------|----------------------|-------|----|
| Position Held | Position Description | | |
| Employer | Address | Phone | |
| Supervisor | Dates of Employment: | From | To |
| Reason for leaving | | | |

List any other relevant job experiences or qualifications: _____

Do you have a valid Drivers License? Yes No Drivers License # _____

Do you have a valid CDL? Yes No CDL License # _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | DAYTIME PHONE OR CELL NUMBER | HOW ACQUAINTED | YEARS ACQUAINTED |
|------|------------------------------|----------------|------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

CERTIFICATIONS: PLEASE LIST ANY OTHER CERTIFICATIONS THAT ARE NOT LISTED.

****A COPY OF ALL CURRENT CERTIFICATIONS MUST ACCOMPANY THIS APPLICATION****

| CERTIFICATION | INSTRUCTOR | DATE OF CERTIFICATION |
|---|------------|-----------------------|
| Lifeguard Training (includes Community First Aid) | | |
| CPR for the Professional Rescuer | | |
| Water Safety Instructor (WSI) | | |
| Community First Aid & CPR | | |
| | | |
| | | |

I certify that the facts contained in this application are true and complete to the best of my knowledge.

(Signature) _____
(Date)