



# Village of Paw Paw APPLICATION FOR EMPLOYMENT

**TO APPLICANTS:** YOUR INTEREST IN EMPLOYMENT WITH THE VILLAGE OF PAW PAW IS APPRECIATED. COMPLETION OF THIS APPLICATION FOR EMPLOYMENT ASSISTS WITH PROVIDING A CLEAR UNDERSTANDING OF YOUR BACKGROUND AND WORK HISTORY AND WILL AID US IN PLACING YOU IN THE POSITION THAT BEST MEETS YOUR QUALIFICATIONS. FALSE OR MISLEADING STATEMENTS OR OMISSIONS WILL BE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL AFTER APPOINTMENT.

**NAME** \_\_\_\_\_  
LAST FIRST MIDDLE

**SOCIAL SECURITY #** \_\_\_\_\_

**PRESENT ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**MAILING ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

**HOME PHONE** (\_\_\_\_\_) \_\_\_\_\_ **BUSINESS/CELL PHONE** (\_\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**POSITION(S) APPLIED FOR** \_\_\_\_\_

**HOW DID YOU LEARN OF THIS POSITION (GIVE SOURCE)?** \_\_\_\_\_

**ARE YOU AVAILABLE TO WORK** \_\_\_ FULL TIME \_\_\_ PART-TIME \_\_\_ SEASONAL TEMPORARY

**SPECIFY DAYS AND HOURS IF FOR PART-TIME, SEASONAL OR TEMPORARY** \_\_\_\_\_

**WHAT DATE WOULD YOU BE AVAILABLE FOR WORK** \_\_\_\_\_

**PREVIOUS EMPLOYMENT WITH US** \_\_\_ YES \_\_\_ NO **IF YES, WHEN** \_\_\_\_\_

MONTH/YEAR - MONTH/YEAR  
**DO ANY OF YOUR FRIENDS OR RELATIVES WORK HERE** \_\_\_ RELATIVES \_\_\_ FRIENDS \_\_\_ NO

**IF YES, LIST NAMES(S)** \_\_\_\_\_

**BRIEFLY LIST THOSE EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL ESPECIALLY QUALIFY YOU FOR EMPLOYMENT WITH THE VILLAGE OF PAW PAW** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

SCHOOL	SCHOOL NAME AND ADDRESS	GRADUATED YES OR NO	MAJOR	DEGREE
HIGH				
COLLEGE				
BUS/TECH				
OTHER				

**PROFESSIONAL MEMBERSHIPS**

(EXCLUDE LABOR ORGANIZATIONS AND MEMBERSHIPS WHICH MAY REVEAL RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, DISABILITY OR OTHER PROTECTED STATUS)

NAME OF ORGANIZATION/POSITIONS HELD	MEMBERSHIP DATE MM/YY
1.	
2.	
3.	
4.	

**LICENSES/CERTIFICATIONS/REGISTRATIONS**

LICENSES/CERTIFICATIONS/ REGISTRATIONS	LIC/CERT/REG#	ISSUE DATE MM/YY	ISSUED BY	EXPIRATION DATE MM/YY

DO YOU POSSESS A COMMERCIAL DRIVER'S LICENSE (CDL)? \_\_\_\_ YES \_\_\_\_ NO. IF APPLICABLE, LIST THE EXPIRATION DATE, ENDORSEMENTS AND INDICATE WHAT EQUIPMENT YOU HAVE OPERATED:

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IF APPLICABLE, EXPLAIN YOUR COMPUTER OR OTHER OFFICE EQUIPMENT EXPERIENCE AND SPEED (WPM):

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**REFERENCES (OTHER THAN FAMILY MEMBERS)**

NAME & OCCUPATION	CITY/STATE	PHONE

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT:  
(ANSWER ALL SECTIONS, EVEN IF PROVIDING RESUME. USE ADDITIONAL SHEETS IF NECESSARY.)

1) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ POSITION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

2) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ POSITION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

3) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ POSITION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

4) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ POSITION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

5) EMPLOYER NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
FROM \_\_\_\_\_ To \_\_\_\_\_ POSITION \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_  
WORK PERFORMED \_\_\_\_\_ NAME OF SUPERVISOR \_\_\_\_\_

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? \_\_\_\_ YES \_\_\_\_ NO  
IF NOT, INDICATE BY NUMBER WHICH EMPLOYER(S) YOU DO NOT WISH US TO CONTACT & REASON:  
\_\_\_\_\_

EXPLAIN ANY GAPS IN EMPLOYMENT:  
\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT OR ASKED TO RESIGN? \_\_\_\_ YES \_\_\_\_ NO  
IF YES, PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU ABLE TO PERFORM THE FUNCTIONS LISTED ON THE JOB DESCRIPTION OF THE JOB FOR WHICH YOU  
ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? \_\_\_\_ YES \_\_\_\_ NO  
IF REASONABLE ACCOMMODATION IS REQUIRED, PLEASE DETAIL \_\_\_\_\_  
\_\_\_\_\_

IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO If so, please explain on a separate sheet of paper and attach to this application. Conviction will not necessarily disqualify applicant from employment.

ARE YOU A VETERAN?  YES  NO, IF YES, BRANCH OF MILITARY SERVICE \_\_\_\_\_

DATES OF DUTY: FROM \_\_\_\_\_ TO \_\_\_\_\_

RANK AT DISCHARGE \_\_\_\_\_ REASONS FOR ANY DISCHARGE OTHER THAN HONORABLE:  
\_\_\_\_\_

The Village of Paw Paw has a commitment to Equal Employment Opportunity and complies with Federal and State standards pertaining to equal employment opportunity. It is the policy of the Village of Paw Paw to implement equal opportunity on an affirmative basis to all qualified employees and applicants for employment without regard to race, color, creed, sex, age, height, weight, marital status, religion, veteran status, national origin or disability. Michigan Law requires that a handicapped individual with a disability needing accommodations for employment notify the employer in writing, within 182 days after the need is known.

APPLICANT ACKNOWLEDGMENT AND AUTHORIZATION:

I authorize my former employers, school authorities, police agencies, and any other persons or organizations to give to the Village of Paw Paw any information regarding my employment together with any information they may have regarding me whether or not it is in their records. I hereby release them and their organization from any claims and liabilities whatsoever for issuing same and release the Village of Paw Paw from any claims or liability for using such information in making a hiring decision. I understand that neither this application nor any subsequent offer of employment creates a contract of employment and if I am hired, I will be employed at-will, meaning that the village may terminate my employment at any time, with or without reason and with or without notice. For employees hired in to positions covered by collective bargaining agreements, their at-will status will only be in effect during the contractual probationary period. I hereby certify that all the statements in this application are true and correct and that I agree to all terms and contracts as stated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No Date and Time \_\_\_\_\_

Remarks: \_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_ Hourly Rate \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name and Title

Date