VILLAGE OF BETHANY EMPLOYMENT APPLICATION

Please complete the entire application.

1. EMPLOYER INFORMATION

Employer: VILLAGE OF BETHANY

Address: 201 W. MAIN ST.
City/State/Zip: BETHANY, IL 61914
Telephone: (217) 665-3351

It is the policy of THE VILLAGE OF BETHANY to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. APPLICANT INFORMATION

	Applicant Full Name:				
	Home Address:				
	Number of years at this address:				
	Daytime Phone: Evening Phone:				
	Social Security Number: (Are you willing to submit yourself to a background check upon or before hire?)				
	Yes No				
3.	POSITION APPLIED FOR: PART-TIME OFFICE ASSISTANT				
4.	SALARY DESIRED: \$ per hour				
5.	ARE YOU AT LEAST 18 YEARS OLD? YES NO				
6.	IF OFFERED EMPLOYEMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORK?				
					

7.	IF HIRED, ARE YOU ABLE TO SUBMIT PROEMPLOYMENT IN THE UNITED STATES?	OOF THAT YOU ARE LEGALLY ELIGIBLE FOR YES NO	
8.	ARE YOU ABLE TO PERFORM THE ESSENT WITHOUT REASONABLE ACCOMMODATI	ITIALS OF THE JOB POSITION YOU SEEK WITH (ЭR
9.	APPLICANT'S SKILLS		
	Check those skills that you have. List any are seeking. Enter the number of years o	y other skills that may be useful for the job yo of experience.	u
	SKILL	YEARS OF EXPERIENCE	
	[] Typing		
	[] Microsoft Office (Word, Excel, ect.	et.)	
	[] Accounting/Bookkeeping		
	[] Answering Telephones		
	[] Filing		
	[] Customer Service		
	[] Other:		

10. APPLICANT EMPLOYMENT HISTORY

List your current or most recent employment first. Please list jobs (including self-employment and military service) which you have held beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:					
Supervisor Name:					
Address:					
Job Duties:					
Reason for Leaving:					
Dates of Employment (Month/Year):					
Employer Name:					
Supervisor Name:					
Address:					
Job Duties:					
Reason for Leaving:					
Dates of Employment (Month/Year):					
Employer Name:					
Supervisor Name:					
Address:					
Job Duties:					
Reason for Leaving:					
Dates of Employment (Month/Year):					

11. APPLICANT'S EDUCATION AND TRAINING

College/University Name and Address				
Did you receive a degree?	/es	No		
If yes, degree(s) received:				
High School/GED Name and Address				
Did you receive a degree?	/es	No		
Other Training, Licenses or Certifications, Awards or Special Achievements:				
12. REFERENCES				
Name:				
Address:				
Telephone:				
Relationship:				
Name:				
Address:				
Telephone:				
Relationship:				

Name:					
Address:					
Telephone:					
Relationship:					
13. Please provide any other information that you believe should be considered, in whether or not you are bound by any agreement with any current employer:					
CERTIFICATIO	ON				
I certify that the information provided on this applicat that providing false or misleading information will be I employment commences, immediate termination.					
I authorize the VILLAGE OF BETHANY to contact forme organizations regarding my employment and education educational organizations to fully and freely communicate information regarding method fully and freely communicate information regarding methods.	on. I authorize my former employers and cate information regarding my previous se persons designated as references to				
I HAVE CAREFULLY READ THE ABOVE CERTIFICATION A TERMS.	AND I UNDERSTAND AND AGREE TO ITS				
APPLICANT SIGNATURE	DATE				