



# VILLAGE OF LANCASTER

## APPLICATION FOR EMPLOYMENT (SEASONAL HELP)

An Equal Opportunity Employer.  
Reasonable accommodation will be provided as required by law.

Last Name	First Name	Middle Initial	Social Security Number:
Street Address	City/State	Zip Code	Phone Number:

### SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION OR DICTATED BY NATIONAL SECURITY LAWS OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

HEIGHT \_\_\_\_\_ Feet \_\_\_\_\_ Inches      WEIGHT \_\_\_\_\_ lbs

Are you prevented from lawfully becoming employed in the U.S.?    YES \_\_\_\_\_ NO \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Have you been convicted of a felony or misdemeanor within the last five years? \*\*    YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please describe: \_\_\_\_\_  
\_\_\_\_\_

\*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

\*\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

Position Desired:	Wage/Salary Desired:	Full Time? Part Time?		
Date you can begin work?	Are you 18 years of age or older?	If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.		
Are you employed now?	If so, May we inquire of your employer? _____			
Ever applied to this company before?	Where?	When?		
Name of high school attended:	City & State	Graduate?	GED?	
Name of college or technical school:	City & State	Graduate?	Degree?	Major:
Are you presently enrolled in school?	If yes, give name & address of school and expected degree date:			
List any job-related skills or accomplishments, including military service:				
Total hours per week you are available to work:	Do you have any special requests or needs for a work schedule?			

**- Provide Three References Who Are Not Former Employers Who We May Contact -**

Name and Occupation	How do you know them, and for how long?	Phone Number

### Your Employment History

List names of employers with present or last employer listed first.

May we contact current employers before you are offered a position? _____	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	
Name of Employer:	Job Title: Duties:
Address:	Dates of Employment: From: _____ To: _____
City, State, Zip Code	Hourly pay or salary: Starting pay: _____ Ending pay: _____
Supervisor:	Reason for Leaving:
Telephone:	

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I have read, understand, and agree to the above statements.

Signature:

Date:

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED      YES                  NO                  POSITION                  DEPT.

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: (1) DEPT. HEAD \_\_\_\_\_

(2) VILLAGE BOARD \_\_\_\_\_

