APPLICATION FOR EMPLOYMENT
VILLAGE OF MIDDLEFIELD

PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A

Name and Address	
Name (First, MI, Last)	Social Security Number
Mailing Address	
City, State, and Zip Code	
Telephone	Alternate Phone (Cell)
If Under 18, Please list age	Email

Job Type						
Days/hours available to work						
☐ No preference.	☐ Mon.	☐ Tues.	☐ Wed.	☐ Thurs	☐ Fri.	☐ Sat.	☐ Sun.
I am seeking a:	☐ Full-time job	☐ Part-time job	☐ Full or Part-time			
How many hours can you work weekly?	Can you work Nights?	Date available to begin				

Additional Information		
Have you ever been employed by this organization in the past?	☐ Yes	☐ No
I certify that I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States.	☐ Yes	☐ No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgement to a felony?	☐ Yes	☐ No
If Yes, Please Explain:		
Do you have a driver's license?	Driver's license #	Issue in what state?
Have you had any accidents during the past three years?		How many?
Have you had any moving violations during the past 3 years?		How many?

Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				

Military			
Have you ever been in the Armed Forces?	Yes	No	Date Entered
Are you now a member of the National Guard	Yes	No	Discharge date
Specialty			

Work Experience

Please List ***ALL*** *work experience beginning with your most recent job held. Attach additioanl sheets if necessary*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		

May we contact this employer? Yes No

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company		

May we contact this employer? Yes No

Work Experience (continued)			
Company	Name of last supervisor		Hrs/week
Address	Start Date	Starting Salary	
City, State, and Zip Code	End Date	Final Salary	
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or			
May we contact this employer? Yes No			

References

Please include name, phone number, and circumstances of your acquintance. Exclude relatives and former employers.

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I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature	Date