

Village of Estral Beach Employment Application Form

MILITARY

Have you ever been in the Armed Forces: No Yes - Army Navy Air Force Marines

Are you now a member of the National Guard: No Yes Specialty: _____

Type of Discharge: _____ Date Entered: _____ Discharge Date: _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. **Experience** If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Employment Dates: From: _____ To: _____

Name of last Supervisor: _____ Pay or Salary: Start: _____ Final: _____

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.

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Authorization and Understanding:

Upon signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history, credit history or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I hereby release the Village of Estral Beach from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired by the Village of Estral Beach, I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment. The Village is an at will employer, and I agree that either party may terminate employment relationship, with or without cause, at any time for any reason. I further agree that my employment is conditional until such time as the results of my pre-employment physical and/or drug screening and/or background check, if such are required, are known.

Applicants Signature: _____ Date: _____