VILLAGE OF CONVOY APPLICATION FOR EMPLOYMENT

Social Security	#			Date:	
Name:					
		(Last / Fin	st / Middle)		
Address:				1	
		(No. Street / C	ity / State / Zip)	•	
Telephone: (_		En	nail Address:		
Are you 18 ye	ars of age or older?Ye	es No			
If hired, can yo	ou provide written evidend	e that you are a	authorized to work i	n the U.S.?	Yes _No
EDUCATION					
Туре	Name/Location		Course of Study	# Years	Degree/
Elementary & Jr. High				Completed	Diploma
HighSchool					
College					
Technical or Other			***************************************		
EMPLOYMEN	IT RECORD				
Company Na	me and address	Kind of Work	Date: R Started/Left o	tate f Pay Reason	for Leaving
1		l			
2		l	- -		
3		I			

U.S. MILITARY SERVICE	
Branch of Service	
From	to
Rank and Type of Service	
Training/Experience Receive	d
REFERENCES (Do Not Incl Name/ Occupation/ Years/ K 1.	nown Address
EMPLOYMENT	
Type of Work Desired	Salary Desired
How Were You Referred To	Our Organization?
Do You Have Any Relatives	Who Are Employed By This Organization?YesNo
Please Specify :	
Is there any information we your work record?Yes	would need about your name, or use of another name, for us to be able to chec No
Please Specify :	
	formation that relates to your ability to perform the job for which you have applied all memberships, hobbies, etc.

APPLICANT'S STATEMENT

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the chief operating officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of one year, after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Your Signature:		Date:	
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CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK

Date:	Driver's Lic#	State Issued
Last Name	First Name	Middle Initial
Maiden and/or Other Last Nam	nes Used	
Current Address	City and County	State and Zip Code
Date of Birth	Social Security Number	Circle One: Male / Female
This authorization and consent for rele	ease of personal information acknowledges that	
at any time I am assigned to, volunter confidential nature. These investigation including records of loans; records of efficiency ratings, complaints and grid or any other person (in either a civil of information of file in local, state or feet the Department of Labor, National Person, the following information and I understand that these searches will Therefore, I authorize and consent for and discharge the company and its any other charge or complaint filed we Credit Reporting Act, I am entitled to disclosure of the background report.	er with or am employed by this Company, conduct inversors might include, but are not limited to, searches of excommercial or retail credit agencies; other financial streamers filed by or against me; records and recollection or criminal case in which I have been involved); records deral agencies; and motor vehicle records, and following externed Records or the Industrial Commission or similar authorize the National Personnel Records Center, or other copies of documents from my military service records be used to determine work assignment or employment or full release of records (either orally or in writing) to the gent and associates to the full extent permitted by law with any agency arising from retrieving and reporting the know whether employment was denied based upon the California. Minnesota or Oklahoma? Yes	estigations whether the records are of a public, private or ducational institutions attended; financial or credit institutions, attended; financial or credit institutions, attendents; records of previous employment, including work history are of attorney-at-law or of other counsel, whether representing may from the U.S. Veterans' Administration; criminal history ag an employment offer, workers' compensation reports from either are agencies under the provisions of the Fair Credit Reporting Act their custodian of my military service record, to release to Secure d: DD214, service record, and any disciplinary records. It eligibility under the company's employment or volunteer policies authorized representatives of the company. In addition, I release from any claims, damages, losses, liabilities, costs expenses or is information. I understand that according to the Federal Fair the information obtained and to receive, upon written request, a
i understand that California law requi	sumer Report prepared concerning you? YesNo	ed within seven (7) days of the date the information was obtained
The following are my responses to q	uestions about my criminal record history (if any) with	descriptions to any question with a YES answer:
YES NO If YES, please provide an explanation	n below:	nicipal criminal offense? (Excluding minor traffic violations)
Have you ever received deferred if YES, Please provide an explanation	adjudication or similar disposition for any federal, statent below:	e or municipal criminal offense? YES NO
Have you ever received probation if YES, Please provide an explanation	n or community supervision for any federal, state or mon below:	unicipal criminal offense? YES NO

f the date of	this authorization below:	have any pending crim	inal charges against yo	ou? YES NO		
S SECTION I	S TO BE USED TO LIST		STATES OF RESIDE FIC ABOUT DATES O	NCE SINCE AGE 18 OR HI OF RESIDENCE.	GH SCHOOL GRADU	ATION.
	City/Town	County	State	Dates From	То	
BY CERTIF	Y THAT ALL INFORMA	TION PROVIDED IN T	HIS AUTHORIZATION	I IS TRUE, CORRECT AND	COMPLETE. I UNDI	ERSTAI
informa	TION PROVES TO BE	INCORRECT OR INCO	MPLETE THAT GRO	OUNDS FOR THE CANCEL	LING OF ANY AND A	LL OFF
			-			
this	day of		, 20	-	•	
ant (Print N	ame)					
ant Bignatu	ro					