

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME: LAST _____ FIRST _____ MIDDLE _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PERMANENT ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? Yes No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes _____ No _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

REFERRED BY _____

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL SKILLS _____

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES _____

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TDS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the job Applicant, may violate State and/or Federal Law.

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

SALARY/WAGE _____ DATE REPORTING TO WORK _____

HIRED: Yes No POSITION _____ DEPT. _____

NEATNESS _____ ABILITY _____

REMARKS: _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

DATE _____ SIGNATURE _____

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

IN CASE OF EMERGENCY NOTIFY _____ NAME _____ ADDRESS _____ PHONE NO. _____

Signature of Applicant _____

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (fill in name of state)

IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

NAME	ADDRESS	BUSINESS YEARS ACQUAINTED
1		
2		
3		

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

WHICH OF THESE JOBS DID YOU LIKE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THIS JOB? _____

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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You must successfully pass a drug test, physical exam, and background investigation. The Village of Homer, MI. will pay for all tests, exams and investigations. This process takes approximately one week from the date of your application.

If you believe you might test positive on our drug test, please do not go for our exams. If you do not report for these exams, no further action will be performed on your application.

If you report for these tests and your drug test is reported as Positive you will be responsible for reimbursing The Village of Homer, MI. their expense and you will not be eligible for employment with The Village of Homer, MI.

If you acknowledge, understand and agree to the above.

Applicant: Signature and Date

Witness: Signature and Date



Village of Homer

CONSENT FORM EMPLOYMENT VERIFICATION AND EDUCATION

I hereby authorize the Village of Homer, Michigan or its agent, to receive any and all information that may be necessary to arrive at an employment decision. This includes information regarding my work performance and education, including attendance/graduation dates, GPA and transcripts.

Applicant
Print Name _____ **Date** _____

Applicant Signature _____

Witness
Print Name

Witness
Signature



Village of Homer

CONSENT FORM

I hereby consent to a drug screening and physical examination as a condition of employment with the Village of Homer, Michigan.

I agree that the testing agency may collect specimens for these tests and forward the tests to the appropriate agency for analysis. I further agree that the results of these tests be forwarded to the Village Manager of Homer, Michigan for consideration.

I understand that any positive results for illegal drugs shall preclude me from consideration of employment.

I further agree to hold harmless the village and its agents (including the physician, testing agency and clinic (including staff) from any liability arising in while or part, out of the collection of specimens, testing, and use of the information from said testing's in connection with the Village of Homer, Michigan's consideration of employment.

I further agree that a reproduced copy of the pre-employment consent and release form shall have the same force as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant:

Print Name _____ SS# _____

Applicant:

Signature _____ Date _____

Witness Print Name _____

Witness Signature _____



Village of Homer

CONSENT FORM CRIMINAL/DRIVING RECORD CHECK

I hereby authorize the Village of Homer, Michigan, or its agent, to receive any criminal and driving record information pertaining to me which may be in the files of any Federal, State, or Local agency that may have these records on file.

**Applicant FULL
Name Printed** _____

**Applicant
Street Address** _____

City, State, Zip Code _____

Sex _____ **Race** _____ **Date of Birth** _____

Drivers License Number _____

Social Security Number _____

**Applicant FULL
Signature** _____ **Date** _____

**Witness
Print Name** _____

**Witness
Signature** _____

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION DISCLOSURE

As an applicant for employment, or a current employee of The Village of Homer, MI, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, The Village of Homer, MI may choose to obtain and use information contained in either a consumer report, or investigative consumer report from a consumer reporting agency about you when: 1) considering your application for employment, 2) making a decision whether to offer you employment, 3) deciding whether to continue your employment (if you are hired), or 4) making other employment-related decisions directly affecting you.

For explanation purposes, a consumer reporting agency is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as The Village of Homer, MI.

A consumer report means any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An investigative consumer report means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act.

For CDL Holders Only:

In accordance with the provisions of Section 604(b) (2) (A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize The Village of Homer, MI to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at The Village of Homer. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

SIGNATURE

DATE

