



It is the policy of Mt. Pleasant to extend its employment opportunities to qualified persons on a non-discriminatory basis. Selection shall be made without regard to an individual's age, race, color, sex, national origin, religion, marital status, sexual orientation, handicap or membership in any other protected classification. Only necessary qualifications for the job being filled will be considered in the selection process.

Date

PERSONAL INFORMATION

Name (Last, First, Middle)

Telephone number

Present Address (Street, City, State & Zip)

Email Address

EMPLOYMENT DESIRED

Position

Full or Pt Time

Date Available

Are you employed now? If so, may we contact your present employer? Have you ever applied for employment with the Village? If yes, when?

Are any of your relatives presently employed with the Village? If yes, please provide name and position.

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, provide genuine documentation establishing your identity and eligibility to be employed in the U.S.? Yes No

Have you ever been convicted of, or pled guilty or Nolo contendere to any violation of law other than minor traffic violations? (A conviction record will not automatically bar you from employment and will only be considered as it relates to the particular job in question). If yes, please explain.

Are any criminal charges or proceedings pending against you? (A pending criminal charge will not automatically disqualify you from employment and will only be considered as it relates to the particular job in question). If yes, explain.

Can you with or without reasonable accommodations perform the Essential Functions of the job for which you are applying?

EDUCATION/EXPERIENCE

NAME AND ADDRESSES OF SCHOOLS ATTENDED

MAJOR FIELD OF STUDY

DID YOU GRADUATE? YES/NO

SCHOOL LEVEL

HIGH SCHOOL

COLLEGE

ASSOCIATE DEGREE

POST GRAD DEGREE

List any other applicable skills or qualifications

EMPLOYERS - Please begin with your present or most recent employer. Account for all periods of employment from completion or education to present. **(You needn't go back more than 15 years).**

INDICATE IF ANY PRIOR EMPLOYMENT IS UNDER A DIFFERENT NAME

Name and address of Present or Last Employer

Starting Date (mm/yyyy)

Leaving Date (Month/Year)

Job Title

Name of Supervisor

Phone Number with area code

Description of Work

Reason for Leaving

May we contact present employer?

Name and Address of Present or Last Employer (2)

Starting Date (mm/yyyy)

Leaving Date (mm/yyyy)

Job Title

Name of Supervisor

Phone Number with area code

Description of Work

Reason for Leaving

Name and Address or Last Employer (3)

Starting Date (mm/yyyy)

Leaving Date (mm/yyyy)

Job Title

Name of Supervisor

Phone Number with area code

Description of Work

Reason for Leaving

ACCOUNT FOR PERIODS OF UNEMPLOYMENT OTHER THAN WHEN YOU WERE IN SCHOOL

REFERENCES: GIVE BELOW THE NAMES OF at least THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR ONE YEAR OR MORE.

Name (1)

Email Address

Phone number with area code

Home Address

Business / Address,
if applicable

Is this a personal or
business acquaintance?

Business

Personal

Years Acquainted

Name (2)

Email Address

Phone number with area code

Home Address

Business/ Address,
if applicable

Is this a personal or
business acquaintance?

Business

Personal

Years Acquainted

Name (3)

Email Address

Phone number with area code

Home Address

Business/ Address, if
applicable

Is this a personal or
business acquaintance?

Business

Personal

Years Acquainted

Email Address

Name

Phone number with area code

Home Address

Business/ Address,
if applicable

Is this a personal or
business acquaintance?

Business

Personal

Years Acquainted

Release of Information Authorization

PLEASE READ CAREFULLY BEFORE SIGNING

I CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION IS CORRECT AND MAY BE INVESTIGATED. I understand that falsification, misrepresentation or omission of facts will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application for employment with the Village of Mount Pleasant does not guarantee employment. I further understand that should an offer of employment be extended by the Village of Mount Pleasant that such employment is At Will, for no specified duration and may be terminated by either myself or the Village of Mount Pleasant at any time, with or without reason or notice.

I hereby authorize the Village of Mount Pleasant, its agents, officers or employees to conduct a comprehensive review of my background. I voluntarily and knowingly authorize any former employer, person, firm, corporation, organization, school, or government agency, its officers, employees and agents, to release all information concerning me that said individual, company, firm, corporation or public agency may have, to include information or data received from other sources, to the Village of Mount Pleasant, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of the Village of Mount Pleasant. I understand the information that is sought may include, but is not necessarily limited to, employment history, drug testing, consumer reports, civil and criminal records, records from any governmental criminal justice agency, driving records, social security verification and any public record information. I recognize a copy of this authorization and release is as valid as the original and should be considered as such.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless the Village of Mount Pleasant, and such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incidental to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

I understand that any offer of employment is contingent upon successful completion of the background check and satisfactory completion of a physical examination and drug test.

Applicant's Printed Name

By clicking the check box I agree to my typed
Signature serving as my written.

Date

House #

Street Name

Apt. #

City

State

Zip Code

Social Security Number

Driver's License Number

Date of Birth

Please save as a PDF and email to person indicated on job posting