

MILITARY SERVICE

Yes No Branch of Service: _____

Are you currently serving in Military Reserves? Yes No National Guard? Yes No
 (We do not discriminate on the basis of membership in the National Guard, state defense force or any reserve component of the military forces of the U.S. or Wisconsin.)

EMPLOYMENT RECORD: Please list the name and addresses of your most recent employers.

Employer: Most recent position first	Employed	Work Performed
Company Name:	From:	
Job Title:	To:	
FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Salary:	
Supervisors Name and Phone #:	Final Salary:	
Company Name:	From:	
Job Title:	To:	
FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Salary:	
Supervisors Name and Phone #:	Final Salary:	
Company Name:	From:	
Job Title:	To:	
FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/>	Starting Salary:	
Supervisors Name and Phone #:	Final Salary:	

If you are currently employed, may we contact your employer: Yes No

DISCLOSURES:

- I certify the information contained this application (and accompanying resume or other documents) is true and complete to the best of my knowledge. I understand that if employed, any misstatements or omissions of information provided during the application or interview process will result in dismissal, regardless of when discovered.
- The Village of Rochester may investigate all statements contained in this application (and any resume or any other accompanying documents) as may be necessary. I understand that my prior employers may be contacted for the purpose of investigating my background. I also authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply all pertinent information and release the same from any liability resulting from providing such information.
- I understand that from time to time the Village of Rochester may be asked to submit/ release certain information, including, but not limited to, my employment or application for employment. I release the Village of Rochester and its agents from any liability resulting from submitting/ releasing such information.
- I acknowledge that the Village of Rochester may request, as a condition of any offer of employment that is made or for continued employment, that I undergo a medical exam or drug testing, and I consent and agree to any such exam, if required now or in the future. I understand that when drug testing is required, a satisfactory result may be a condition of employment.
- I understand that federal law prohibits the employment of unauthorized aliens and required satisfactory proof of employment authorization and identity. All persons hired must submit satisfactory proof of employment authorization and identity. Please have necessary documents promptly available for inspection as required by law.
- I understand that the Village of Rochester is an Equal Opportunity Employer.
- I will inform the Village of Rochester of any reasonable accommodations I need (under the American with Disabilities Act) to complete the application process of to perform any essential elements of the position sought.
- I further acknowledge that this application is not a contract of employment. I realize that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the Village of Rochester, and

Authorization for Release of Information

In connection with my application for employment with the Village of Rochester, I understand the Village of Rochester may request consumer reports, which may contain public record information. The reports may include the following types of information; Names and dates of previous employers, reason for termination of employment, job performance, work experience, etc. I further understand that such reports may contain public record information concerning my driving record, credit, bankruptcy proceedings, criminal records, school records, etc. from Federal, State, other agencies and former employers which may contain such records. I acknowledge that I may, at my request, receive the name and address of the agency so that I may obtain from them, the nature and substance of the information contained in the report.

I further acknowledge and agree that a reproduced copy of this authorization will be valid as the original.

I HAVE READ AND UNDERSTAND THE FOREGOING STATEMENTS ANDN SIGN THIS AUTHORIZATION FOR RELEASE OF INFORMATION ON MY OWN FREE WILL.

Applicant Signature: _____ **Date:** _____

Applicant Name (print): _____

Social Security #: _____

Witness Signature: _____