**VILLAGE OF DUNCAN**

**APPLICATION FOR EMPLOYMENT**



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Established in 1871**

**VILLAGE OF DUNCAN**

906 8th Street

PO Box 254

Duncan NE 68634-0254

Office 402-897-5285 / Fax 402-897-2024

info@villageofduncan.com

**Nick Wagoner - Board Chair**

**Mari Evans - Clerk**

**Michelle Schindel - Treasurer**

**VILLAGE OF DUNCAN**

**APPLICATION FOR EMPLOYMENT**

**FOR OFFICIAL USE ONLY**

**Doc. Copies Requested: Date Received:**

1. High School Diploma \_\_\_\_\_\_\_\_\_\_\_\_

2. College Degree \_\_\_\_\_\_\_\_\_\_\_\_

3. All In-Service Cert. \_\_\_\_\_\_\_\_\_\_\_\_

4. All Voc/Tech. Cert. \_\_\_\_\_\_\_\_\_\_\_\_

5. All Licenses: Peace

 Officer-Fire, Etc. \_\_\_\_\_\_\_\_\_\_\_\_

6. Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_

7. Social Security \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address City, State, Zip

Home Ph. #: (\_\_\_)\_\_\_\_\_\_\_\_\_\_ Cell Ph. #: (\_\_\_)\_\_\_\_\_\_\_\_\_\_

Work Ph. #: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_ State: \_\_\_\_

 Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endorsements: \_\_\_\_\_\_\_\_\_\_\_ Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSITION AVAILABILITY** Specify position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION** Circle the highest grade completed: GED 9 10 11 12

 Associates Bachelor’s Master’s PhD

|  |
| --- |
| High School Name: Field of Study Graduated: City, State: Year  Yes \_\_\_\_ Graduated:  No \_\_\_\_ |
| College/Vocational/Technical Name: Field of Study Graduated: City, State: Date  Yes \_\_\_\_ Completed:  No \_\_\_\_ |
| College/Vocational/Technical Name: Field of Study Graduated: City, State: Date  Yes \_\_\_\_ Completed:  No \_\_\_\_ |

**BACKGROUND**

Are you a citizen of the United States? Yes \_\_\_\_ No \_\_\_\_

If no, do you have a valid work permit? Yes \_\_\_\_ No \_\_\_\_ Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ Date of conviction: \_\_\_\_\_\_\_\_\_\_\_\_ **(If yes, give details on the reverse of this form)** City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a Peace Officer? Yes \_\_\_\_ No \_\_\_\_ Academy attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Fire/Arson trained? Yes \_\_\_\_ No \_\_\_\_ Academy attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Emerg Mgmt trained? Yes \_\_\_\_ No \_\_\_\_ Academy attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date graduated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever served in any branch of the Military? Branch: \_\_\_\_\_\_\_\_\_ Discharge Date: \_\_\_\_\_\_

**5 YEAR EMPLOYMENT HISTORY**

This section must be completed even if you are attaching a resume. Since every effort will be made to contact current and previous employers, *correct telephone numbers are important.*

**CURRENT OF MOST RECENT EMPLOYER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name City/State Phone #

Date Employed: From:\_\_\_\_\_\_ To:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Job Title Supervisor’s Name

If currently employed, may we contact your supervisor? Yes\_\_\_\_ No \_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EMPLOYER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name City/State Phone #

Date Employed: From:\_\_\_\_\_\_ To:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Job Title Supervisor’s Name

If currently employed, may we contact your supervisor? Yes\_\_\_\_ No \_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EMPLOYER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name City/State Phone #

Date Employed: From:\_\_\_\_\_\_ To:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Job Title Supervisor’s Name

If currently employed, may we contact your supervisor? Yes\_\_\_\_ No \_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EMPLOYER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name City/State Phone #

Date Employed: From:\_\_\_\_\_\_ To:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Job Title Supervisor’s Name

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**PREVIOUS EMPLOYER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name City/State Phone #

Date Employed: From:\_\_\_\_\_\_ To:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Job Title Supervisor’s Name

If currently employed, may we contact your supervisor? Yes\_\_\_\_ No \_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PREVIOUS EMPLOYER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name City/State Phone #

Date Employed: From:\_\_\_\_\_\_ To:\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_ Job Title Supervisor’s Name

If currently employed, may we contact your supervisor? Yes\_\_\_\_ No \_\_\_\_

Duties:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for leaving:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(IF NECESSARY, COPY THIS PAGE TO LIST ADDITIONAL EMPLOYERS)**

**PERSONAL REFERENCES**

This section must be completed even if you are attaching a resume. Since every effort will be made to contact all personal references listed, *correct telephone numbers are important. (NOTE: Please do not submit relatives names)*

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Known \_\_\_\_\_\_\_\_\_\_ Association (Friend, Co-worker, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Known \_\_\_\_\_\_\_\_\_\_ Association (Friend, Co-worker, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years Known \_\_\_\_\_\_\_\_\_\_ Association (Friend, Co-worker, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***AFFIDAVIT***

***I certify that the above answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I authorize the Village of Duncan to conduct a background investigation pertaining to my suitability for the above stated position, which may include a Criminal History check. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand and agree that any misleading or incorrect statements or omissions may render this application void, and would be cause for dismissal and the Village of Duncan’s Board of Trustees would not be liable in any respect for such action. I understand that the Village of Duncan reserves the right of non-disclosure for the acceptance or denial of the applicant.***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Applicant’s Signature Date***