

PRESENT and/or PAST EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST)

DATE (Month and Year)		COMPLETE NAME, ADDRESS and TELEPHONE NUMBER OF PRESENT and/or PAST EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
From	To				
From	To				
From	To				
From	To				

REFERENCES

THE NAMES AND INFORMATION OF THREE PERSONS **NOT** RELATED TO YOU AND WHOM YOU HAVE KNOWN **AT LEAST ONE YEAR** MUST BE INCLUDED WITH THIS APPLICATION AT THE TIME IT IS SUBMITTED.

NAME	ADDRESS and TELEPHONE NUMBER (Include Zip and Area Code)	BUSINESS / PROFESSION	YEARS ACQUAINTED
1.			
2.			
3.			

AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS

I, _____, hereby authorize the Village of Northfield and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, present and/or past employers.

The undersigned applicant, in granting this authorization, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the Village of Northfield and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning **character, general reputation, personal characteristics and mode of living. Routine inquiries may include personal interviews with friends, family, neighbors, references, and present and/or past employers.** Upon written request, additional information as to the nature and scope of a resulting report, if one is made, will be provided.

My signature below certifies that my responses on this **Application for Employment** are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures, which may include:

1. Interviews
2. Urine drug screen
3. Polygraph testing
4. Provision of proof of identity and employment eligibility for work in the United States
5. Education and reference checking
6. Testing (If applicable to the position for which you are applying)

In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for the Village of Northfield.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

Signature of Applicant: _____

Date of Application: _____