

VILLAGE OF ILION  
APPLICATION FOR EMPLOYMENT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ ARE YOU OVER AGE 18? YES\_\_ NO\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

EXPERIENCE: \_\_\_\_\_

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

CERTIFIED IN FIRST AID? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

CERTIFIED IN CPR? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

REFERENCES: 1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

I do hereby state that the information given here by me is true to the best of my knowledge and agree that any false statement made by me is reason enough for discharge from position applied for.

\_\_\_\_\_