

APPLICATION FOR EMPLOYMENT

SECTION I

PERSONAL INFORMATION

Position Sought: _____

Name: _____
Last First MI Social Security No (Optional)

Address: _____
Number Street Apt. No.

City State Zip

Phone: _____
Home Work (Optional)

Are you at least 18 years of age? Yes _____ No _____

If you are under 18, a work permit may be required.

Are you a citizen of the United States? Yes _____ No _____

SECTION II

WORK PREFERENCE

Please describe in one or two sentences the type of nature of work you are looking for:

Do you need: Full-time work _____
Part-time work _____
No preference _____

Are you interested in: Permanent work _____
Intermittent work _____
Temporary work _____
Seasonal work _____
No preference _____

What is your minimum salary requirement? _____

Date available to start: _____

SECTION III EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE, BEGINNING WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

Current Employer: _____
(Enter "none" if you are currently unemployed)

May we contact your current Employer for references prior to your employment? Yes ___ No ___

Job Title: _____

Supervisor's Name: _____

Beginning Salary: \$ _____ per _____. Ending Salary: \$ _____ per _____.

Describe your duties, responsibilities, equipment operated, promotions. etc.:

Why did you leave? _____

(1) Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ to _____

Job Title: _____

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Supervisor's Name: _____

Beginning Salary: \$ _____ per _____.

Ending Salary: \$ _____ per _____.

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave? _____

(2) Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ to _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: \$ _____ per _____.

Ending Salary: \$ _____ per _____.

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave? _____

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(3) Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ to _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: \$ _____ per _____.

Ending Salary: \$ _____ per _____.

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave? _____

(4) Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ to _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: \$ _____ per _____.

Ending Salary: \$ _____ per _____.

Describe your duties, responsibilities, equipment operated, promotions, etc.:

Why did you leave? _____

SECTION IV

EDUCATIONAL EXPERIENCE AND TRAINING

Please circle the last year of formal education you have completed:

1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Technical School: 1 2 3 4

Names and Location of Schools Attended:

Please describe the courses you took or technical training you have received from school which you feel would help you perform the job for which you are applying: (include special machines or equipment you operate, hobbies, or volunteer work projects which have taught you qualifying skills. etc.)

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SECTION V

Miscellaneous

The following information will be used if it is directly related to the classification/position for which you are applying.

1. Do you currently possess a valid Ohio Drivers License? Yes ___ No ___
Commercial Driver's License? Yes ___ No ___
2. Are you willing and able to secure any license required? Yes ___ No ___
3. If necessary, can you supply your own transportation for work use? Yes ___ No ___
4. Have you ever been employed in the state or county service of Ohio? Yes ___ No ___
5. Have you ever been convicted of any felony? Yes ___ No ___
6. Can you perform the job-related requirements of the specific job for which you are applying? Yes ___ No ___

If you have answered "no" to question 3 or "yes" to questions 4 and 5, please explain fully below, indicating by number to which question you are responding.

Have you filed an application here before? Yes ___ No ___

Have you ever been employed here before? Yes ___ No ___

Give name, address and phone number of three references not related to you.

Name	Address	Phone
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Name	Address	Phone
------	---------	-------

Name	Address	Phone
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1. I understand and accept that if I am selected for employment; my employment may be conditioned upon my passing any medical examination that the Employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

3. I understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending, on the department in which I am applying for employment, it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I hereby authorize the Employers, Schools and other references named in this application to provide information regarding me and to release personnel, academic, and other records concerning myself to the Village of Waterville.

Signature of Applicant

Date