

THE VILLAGE OF CONTINENTAL, OHIO
PERSONNEL POLICY AND PROCEDURE MANUAL

APPLICATION FOR EMPLOYMENT

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AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

ARE YOU AN ADULT? YES:___ NO:___

EMPLOYMENT HISTORY AND WORK EXPERIENCE

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

CURRENT EMPLOYER: _____
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?
YES:___ NO:___

ADDRESS: _____

PHONE NUMBER: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC.:

WHY DO YOU WANT TO LEAVE?

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?

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?

PREVIOUS EMPLOYER:

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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? _____

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? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A
BLANK SHEET OF PAPER TO DO SO.
.....

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE
EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO
DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO
PERFORM THE JOB DUTIES OF THE POSITION.

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HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT

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INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE
SELECT YOU FOR A POSITION? YES: ___ NO: ___

If yes, please explain: _____

DO YOU POSSESS A VALID DRIVERS LICENSE? YES: ___ NO: ___

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES: ___ NO: ___

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: ___ NO: ___

ARE YOU A RESIDENT OF OHIO? YES: ___ NO: ___

If not, are you willing to become a resident upon employment? YES: ___ NO: ___

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU
HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE
YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF
EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH.
IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE
EMPLOYER BEFORE INITIALING THE PARAGRAPH.

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

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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 shall be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I shall be terminated from employment, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also 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: _____

5. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

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 SHALL RESULT IN 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.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING IN ANY WAY TO MY SERVICE WITH THE VILLAGE OF COVINGTON MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature

Date