

Submit completed applications form the Village of Montpelier, Personnel Department, PO Box 148, Montpelier, OH 43543. All application materials must be in the Personnel Department by 4:30 PM on the date of closing. Resumes may be included, but will not substitute for a completed application. **ONLY COMPLETED APPLICATION FORMS WILL BE ACCEPTED.**

**Village of Montpelier, Ohio – Application for Employment
The Village of Montpelier is an Equal Opportunity Employer,
And a Drug Free Workplace**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Notice to Applicants – A post-offer screening test for illegal drug use will be required before hire and screening tests for alcohol and drug use may be required during employment. Also, because of the Ohio Public Records Law, the identity of applicants and application materials cannot be considered confidential. Application materials may be subject to disclosure under Ohio law.

PLEASE PRINT IN INK OR TYPE

Title of Position Applying for: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Have you ever worked under another name? If so what was the name: _____

Are you a U.S. Veteran? ___Y ___N Are you currently employed? ___Y ___N

Best time to contact you (Provide time and preferred phone number): _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ___Y ___N

Have you ever filed an application with the Village before? ___Y ___N

Have you previously worked at the Village of Montpelier? ___Y ___N When: _____

May we contact your current employer? ___Y ___N

Are you prevented from lawfully becoming employed in the United States because of a Visa or immigration status? ___Y ___N (Proof of citizenship or immigration status will be required upon employment)

Date available to work: _____ What is your desired salary range: _____

Are you available to work: 1st shift (day) 2nd shift (evening) 3rd shift (night)

Swing Shifts Holidays Overtime

Are you currently on “lay-off” status or subject to recall: ___Y ___N

Can you travel if the job required it? ___Y ___N

Have you been convicted or plead no contest to a felony within the last five years? ___Y ___N

If yes, please explain: _____

(Conviction of a crime or pleading guilty to a criminal charge will not necessarily disqualify you from the job for which you are applying. Each conviction will be considered with respect to time, job relatedness, or other relevant factors)

Employment Experience: If you require more space, you should attach another sheet of paper to this application. **Include military service or any job-related volunteer activities.** You should exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. (**Note:** A resume may be attached, but it **MAY NOT** be used as a substitute for completing this section)

START WITH PRESENT OR MOST RECENT EMPLOYMENT:

Employer's Name and Address: _____

Employer's Telephone Number: _____

Supervisor's Name and Title: _____

Length of employment: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Hours per week: _____ Rate of Pay: _____

Job Title Held: _____

Reason for leaving employment: _____

Description of duties, responsibilities, equipment operated:

Employer's Name and Address: _____

Employer's Telephone Number: _____

Supervisor's Name and Title: _____

Length of employment: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Hours per week: _____ Rate of Pay: _____

Job Title Held: _____

Reason for leaving employment: _____

Description of duties, responsibilities, equipment operated:

Employer's Name and Address: _____

Employer's Telephone Number: _____

Supervisor's Name and Title: _____

Length of employment: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Hours per week: _____ Rate of Pay: _____

Job Title Held: _____

Reason for leaving employment: _____

Description of duties, responsibilities, equipment operated:

Employer's Name and Address: _____

Employer's Telephone Number: _____

Supervisor's Name and Title: _____

Length of employment: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Hours per week: _____ Rate of Pay: _____

Job Title Held: _____

Reason for leaving employment: _____

Description of duties, responsibilities, equipment operated:

Employer's Name and Address: _____

Employer's Telephone Number: _____

Supervisor's Name and Title: _____

Length of employment: From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____

Hours per week: _____ Rate of Pay: _____

Job Title Held: _____

Reason for leaving employment: _____

Description of duties, responsibilities, equipment operated:

SKILLS DATA/INVENTORY: Check any of the following for which you have training, experience or certification.

Office/Clerical

- Typing WPM _____
- Radio Dispatching
- Account Clerk
- Calculator/Add Machine
- Word Processor (specify hardware/software)
- Mailing Services Equip.

List software you are proficient in below: _____

List Ohio Water/Wastewater Treatment Certificates below:

Technical

- Computer Hardware
- Computer Languages
- Computer Software
- Computer Programming
- Graphic Arts
- Heat/Ventilation/AC
- Water

Maintenance

- Backhoe/Front End Loader
- Dump Truck
- Maintenance Repair
- Custodial
- Groundskeeping
- Inventory Control
- Ohio Drivers License
- Commercial Drivers Lic.
- CDL Class: _____

Skilled Crafts

- Power Tools
- Carpentry
- Plumbing
- Electrical
- Welding
- Painting

Protective Services

Ohio Peace Officer Training

Where: _____

Ohio Fire Training

Where: _____

EDUCATION AND TRAINING/SKILSS

Name and Address of High School: _____

Number of Years Completed: _____ Did you graduate or earn GED?: ___Y ___N

Name and Address of Colleges/Universities Attended for **Undergraduate** Program (list each College/University separately): _____

Number of Years Completed: _____ Degree Earned: ___Y ___N

Degree Earned: _____

Course of Study: _____

Name and Address of Colleges/Universities Attended for **Graduate** Program (list each College/University separately): _____

Number of Years Completed: _____ Degree Earned: ___Y ___N

Degree Earned: _____

Course of Study: _____

Other education/experience we should be aware of (Provide name and address of facility, certification received, years completed, major area of study/training):

1. List memberships in professional organizations, associations, honors, certifications and professional licenses you consider significant.

2. List specialized training or qualifications, not indicated already, that might be relevant to employment.

3. State any additional information you may feel may be helpful to us in considering your application.

REFERENCES

List three people, other than relatives or personal friends, who have knowledge of your work and/or education.

NAME	ADDRESS	TELEPHONE NUMBER

How did you learn about this opening?

Advertisement: Y N Name of Paper: _____

Employment Agency: Y N Name of Agency: _____

Relative: Y N Friend: Y N

Other: _____

Can you perform the essential functions of the job, as described in the job description, with or without reasonable accommodations? Y N

PRE-EMPLOYMENT INFORMATION/CONDITIONS:

For positions that require driving a village vehicle, I understand that I must be insurable with the Village’s insurance carrier. I understand that a post-offer drug screen and medical examination will be required for all full or part-time positions. Failure to pass the post-offer drug screen will result in the Village immediately rescinding the job offer tendered to me. Failure of the medical examination may cause the disqualification for the specific job.

I agree to wear or use any protective clothing or devices as required, and to abide by the established safety rules. I agree to comply with all Village rules, regulations and policies. I understand that days, hours of work, and/or location of a position may be reassigned at the discretion of management.

I certify that the statements made in my application are true and without omission. I authorize the Village of Montpelier to investigate any or all of my statements. I understand that any falsification or omission of material facts in my application may be sufficient cause for disqualification or termination of employment with the Village of Montpelier. I further release any such person, company, institution, or government agency from any liability in disclosing and/or furnishing information to the Village of Montpelier with regard to this application for employment.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS.

Signature

Date

Please Read Carefully Before Signing – Applicant’s Certification and Agreement

I hereby certify that the information and facts set forth in this application are true, complete and accurate to the best of knowledge. I understand that any falsifications, misrepresentations or omissions of any facts in this application or other documents submitted for consideration of employment will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that if I am hired this Application becomes part of my official employment record.

I authorize the Village of Montpelier to verify the accuracy of any information provided or known. I hereby authorize any and all schools, employers, references, regulatory boards, courts and any others who have information about me to provide such information to the Village of Montpelier and/or any of its employees, representatives, agents or vendors. I release all parties involved in this process from any liability for any and all damage that may result from providing such information.

I understand that if offered a position, I may be required to submit to a pre-employment drug screening and criminal background check as a condition of employment. I further understand that I may be required to complete a pre-employment physical exam depending upon the position offered. I understand that receipt of unsatisfactory results from, failure to compete as required or any attempt to affect the results of these, will result in immediate withdrawal of any offer of employment or the termination of employment, if already employed.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be made by the Village of Montpelier, such offer whether or not stated is for employment at will, and that if I accept such offer, my employment may be terminated by either the Village of Montpelier or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the Village of Montpelier or its employees or representatives used during the hiring process or during my employment may be deemed to be a contract for employment, either actual or implied. I understand that no employee or authority to enter into any agreement contrary to the above and that any such agreement if made shall not be binding unless it is et out in writing, signed by the Village Manager of the Village of Montpelier.

I agree that any claim or lawsuit relating to my service with the Village of Montpelier must be filed no more than (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

In consideration of employment, if offered, I agree to abide by and adhere full to all rules, Regulations, policies and procedures of the Village of Montpelier at all times. I further understand that the rules, regulations, policies and procedures may be changed at any time, with or without notice.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY DOCTOR, PHYSICIAN, PSYCHOLOGIST, PSYCHIATRIST, DENTIST, HOSPITAL, NURSING HOME, MEDICAL ASSOCIATION, US ARMED FORCES, MARITIME SERVICE, VETERANS ASSOCIATION, ANY ACADEMIC DEAN, REGISTRAR, PRINCIPAL, GUIDANCE COUNSELOR, OR ANY AUTHORIZED PERSON AT ANY: SCHOOL, COLLEGE, UNIVERSITY, BUSINESS SCHOOL, TRADE SCHOOL, HIGH SCHOOL, OR ELEMENTARY SCHOOL, ANY LOCAL, COUNTY, STATE, OR FEDERAL LAW ENFORCEMENT AGENCY, CREDIT BUREAU, BANK FINANCIAL INSTITUTION, RETAIL MERCHANTS ASSOCIATION, OR US SELECTIVE SERVICE SYSTEM.

I, _____, ADDRESS: _____

_____ HEREBY GIVE THE POLICE DEPARTMENT OF THE VILLAGE OF MONTPELIER, OHIO 43543, MY PERMISSION AND AUTHORIZE ANY SWORN LAW ENFORCEMENT OFFICER OF THEIR AGENCY TO THOROUGHLY INVESTIGATE MY BACKGROUND, PERSONAL, AND PRIVATE RECORDS. I AM AWARE THAT MY ENTIRE BACKGROUND IS TO BE INVESTIGATED THOROUGHLY AND I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION YOU, OF THE POLICE DEPARTMENT OF MONTPELIER, OHIO 43543, OR HIS REPRESENTATIVE UPON PRESENTATION OF THIS RELEASE OR A COPY THEREOF. BE IT KNOWN THAT ANY COPIES OF THIS RELEASE SERVE AS CERTIFIED COPIES UPON PRESENTATION.

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SSN: _____ SELECTIVE SERVICE #: _____

ARMED FORCES MEMBERSHIP: _____ SERVICE #: _____

VETERAN'S ADMINISTRATION FILE #: _____

GIVEN UNDER MY HAND THIS _____ DAY OF _____, _____.
DATE MONTH YEAR

WITNESS _____ SIGNATURE _____

WITNESS _____

STATE OF OHIO

COUNTY OF _____, TO WIT:

THIS DAY _____ PERSONALLY APPEARED BEFORE ME AND ACKNOWLEDGED HIS/HER SIGNATURE TO THE ABOVE STATEMENT.

NOTARY SIGNATURE

SEAL

MY COMMISSION EXPIRES _____

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