

VILLAGE OF MONTPELIER

Employment Application



APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Home Phone				E-mail Address						
Cell Phone				Date Available			Desired Salary			
Position Applied for						Are you available for all shifts, weekends and be on call when required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Are you laid off and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you travel if required for the job?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					

If resume is submitted, Education, References, and Previous Employment sections are noted required to be completed on this form, provided all pertinent information asked on this form is provided.

EDUCATION

High School				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree / Area of Study					
Other				Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree / Area of Study					

REFERENCES

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES NO

SKILLS, TRAINING, CERTIFICATIONS AND LICENSES

List skills, equipment, or computer software for which you have training, experience or certification:

List any certifications or licenses you have that are current and valid:

List any professional organizations or associations of which you are a member, and list any honors or commendations received:

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Initial	PRE-EMPLOYMENT INFORMATION / CONDITIONS
	For positions which 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, medical examination and criminal background check 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 disqualification for the specific job.
	I agree to wear and use any protective clothing or devices as required, and to abide by 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 hereby authorize any persons or entity having information or records about me to furnish any information or records about me to the Village of Montpelier, Ohio or to any of its employees or representatives as requested.
	I certify that the statements made in my application and any subsequent interview(s) that I may have 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 the application for employment.
	Signature: _____ 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 _____