

Village of Tremont City

Application for Employment

26 E. Main St. P.O. Box 93 Tremont City, Ohio 45372



Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or handicap.

Application Information

Date: _____ Position your applying for: _____ BAS Class #: _____

Referral Source: Advertisement Friend Relative Other

If "Other" please specify here: _____

Expected Pay \$ _____ per hour Date Available to Start _____

What status are you applying for? Full Time Part Time Auxiliary

Personal Data (All information must be completed for application to be considered)

Name: _____
First Middle Last

Address: _____
Street & Mailing Address

_____ City State Zip Code

Phone Numbers: _____
Home Work Cell

Emergency Number: _____
Number Contact Name

Social Security #: _____ Date of Birth: _____

Driver License #: _____ Driver License State of Issue: _____

Are you a United States Citizen? Yes No

Have you filed an application here before? Yes No (If yes please provide a date: _____)

Have you been employed here before? Yes No

Were you ever in the U.S. Military Service or other military organization? Yes No

If yes, was your discharge Honorable Dishonorable Uncharacterized General

With reasonable accommodation, are you able to perform the job duties of the position for which you are applying? Yes No

If you answered "No" list reasons here _____

Education

School Type	Address	Full Years Completed	Degree / Cert	Major / Field
High School, Tech School				

School Type	Address	Full Years Completed	Degree / Cert	Major / Field
University or College				

If you did not graduate from High School, have you passed the General Education Development (GED) Test? Yes No

If you answered "Yes" when and Where did you complete the GED? _____

Memberships (List memberships in professional, honorary, or technical societies)

Licenses and Certifications (List in order from those most applicable to the position for which you are applying to least applicable, along with date of certification, expiration date (if any), and source of issuance)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____
- 11.) _____
- 12.) _____
- 13.) _____
- 14.) _____
- 15.) _____
- 16.) _____
- 17.) _____
- 18.) _____
- 19.) _____
- 20.) _____
- 21.) _____
- 22.) _____
- 23.) _____
- 24.) _____
- 25.) _____

Employment Information

Have you ever been discharged or requested to resign from any position? Yes No

If you answered "Yes" provide details _____

In the course of employment, have you ever been disciplined or demoted? Yes No

If you answered "Yes" provide details _____

Employment History (List all positions you have held, beginning with the most recent. If additional space is needed, attach the supplemental application page.)

Current or Last Employer _____ Address _____

Job Title _____ Supervisor's Name _____ Phone: _____

Date Employed (MM/YYYY) _____ Reason for Leaving (or the reason for Wanting to Leave) _____ May We Contact? _____

Date Separated (MM/YYYY) _____ List major duties that demonstrates your competence related to the position for which you are applying (do not state "see resume")

Starting Salary _____

Ending or Current Salary _____

Employer _____ Address _____

Job Title _____ Supervisor's Name _____ Phone: _____

Date Employed (MM/YYYY) _____ Reason for Leaving (or the reason for Wanting to Leave) _____ May We Contact? _____

Date Separated (MM/YYYY) _____ List major duties that demonstrates your competence related to the position for which you are applying (do not state "see resume")

Starting Salary _____

Ending or Current Salary _____

Employer _____ Address _____

Job Title _____ Supervisor's Name _____ Phone: _____

Date Employed (MM/YYYY) _____ Reason for Leaving (or the reason for Wanting to Leave) _____ May We Contact? _____

Date Separated (MM/YYYY) _____ List major duties that demonstrates your competence related to the position for which you are applying (do not state "see resume")

Starting Salary _____

Ending or Current Salary _____

Employer _____ Address _____

Job Title _____ Supervisor's Name _____ Phone: _____

Date Employed (MM/YYYY) _____ Reason for Leaving (or the reason for Wanting to Leave) _____ May We Contact? _____

Date Separated (MM/YYYY) _____ List major duties that demonstrates your competence related to the position for which you are applying (do not state "see resume")

Starting Salary _____

Ending or Current Salary _____

Employer _____ Address _____

Job Title _____ Supervisor's Name _____ Phone: _____

Date Employed (MM/YYYY) _____ Reason for Leaving (or the reason for Wanting to Leave) _____ May We Contact? _____

Date Separated (MM/YYYY) _____ List major duties that demonstrates your competence related to the position for which you are applying (do not state "see resume")

Starting Salary _____

Ending or Current Salary _____

Criminal Offense Record & License Information

Have you ever been convicted of a felony? Yes No

If you answered "Yes" provide detail
(attach additional pages if needed) _____

Have you ever been placed on probation? Yes No

If you answered "Yes" provide detail
(attach additional pages if needed) _____

Do you possess a valid driver's license? Yes No

Number _____ State Issued by _____ Expiration Date _____

Do you possess a CDL? Yes No

If you answered "Yes" list endorsements. _____

Has your license ever been suspended or revoked,
or have your driving privileges ever been restricted? Yes No

If you answered "Yes" provided detail. _____

If your license had been suspended
or revoked, has it been restored? Yes No

If you answered "Yes" provide date. _____

Briefly explain why you are most interested in this position.

Professional References

	Name	Title	Company/ Organization	Phone
1.)	_____			
2.)	_____			
3.)	_____			
4.)	_____			

Notice to Applicants

Prior to an offer of employment being extended to sworn law enforcement applicants, a thorough background check, credit check, and criminal record check will be conducted.

Applicant Certification

I hereby certify that every statement made on this form is true and complete and that I further understand any misstatements or omission of information will subject me to disqualification or dismissal.

This application is not an offer of employment nor should it lead to an expectation of employment.

Applicant Signature

Date

Authorization for Release of Information

Carefully read this authorization to release information about you, then sign and date it.

I authorize any investigator, special agent, or other duly accredited representative of the authorized agency conducting my background investigation, to obtain any information relating to my activities from individual's schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information.

This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability.

I understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of specific questions, relevant to the job description, which the doctor or therapist will be asked.

I authorize custodians of records and other sources of information pertaining to me release such information upon request of the investigator, special agent, or duly accredited representative of any agency authorized above regardless of any previous agreement to the contrary.

I understand that the information released by records custodians and sources of information is for official use by the agency, only for the purposes provided in this form, and that it may be re-disclosed by the agency only as authorized by law,

Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the agency, whichever is sooner.

Signature	Full Name (Print or Type)	Date Signed
-----------	---------------------------	-------------

Current Address (Street, City)	State	Zip Code	Home Phone
--------------------------------	-------	----------	------------