

# Employment Application

## VILLAGE OF CENTERBURG

49 ½ East Main Street  
Drawer D  
Centerburg, Ohio 43011

Phone: 740-625-7808  
Fax: 740-625-9058  
[www.centerburgoh.org](http://www.centerburgoh.org)

**An Equal Opportunity Employer**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Department in which you are applying: \_\_\_\_\_

Positions applied for: \_\_\_\_\_

When available to begin work: \_\_\_\_\_

### Education

Type of School	Name of School and Address	Did you graduate?	Major or Degree
High School	_____	_____	_____
College or Trade School	_____	_____	_____
Graduate School	_____	_____	_____
Other	_____	_____	_____

Do you have any commitments (e.g., second job, school, etc.) that might 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 driver's 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 no, are you willing to become a resident upon employment?  Yes  No

**Previous Employment (list up to 3)**

**1.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for leaving (be specific: \_\_\_\_\_

\_\_\_\_\_  
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact your employer?  Yes  No

**2.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for leaving (be specific: \_\_\_\_\_

\_\_\_\_\_  
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
May we contact your employer?  Yes  No

**3.**

Name of Employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: \_\_\_\_\_ To: \_\_\_\_\_

Salary:

From: \_\_\_\_\_ To: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last job title: \_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact your employer?  Yes  No

Skills: \_\_\_\_\_

Typing: \_\_\_\_\_

Computer:  PC  Mac  Both

Applications (list all that apply):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Skills: \_\_\_\_\_

**Please list 3 references other than relatives and previous employers**

Name	_____	_____	_____
Position	_____	_____	_____
Company	_____	_____	_____
Telephone	_____	_____	_____
Relationship	_____	_____	_____

Use this space to add any additional information necessary to describe your full qualifications for the position you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or without 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 or night shifts including weekends, be on call and/or 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: \_\_\_\_\_
  
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 the application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.  
Initials: \_\_\_\_\_

ISOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO THE 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.

READ CAREFULLY BEFORE SIGNING:

I agree that any claim or lawsuit relating to my service with the Village of Centerburg must be filed no more than six (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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_