



## Application for Employment

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, ANCESTRY, NATIONAL ORIGIN, AGE, DISABILITY, SEXUAL ORIENTATION, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position

Sought: \_\_\_\_\_

How did you learn about the position?

\_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Other  
Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_ Desired  
Wage/Salary \$ \_\_\_\_\_

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? [ ☐ ] Yes [ ☐ ] No

Have you ever been involuntarily terminated or asked to resign from any position of employment? [ ☐ ] Yes [ ☐ ] No

If yes, please describe circumstances:

\_\_\_\_\_

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

\_\_\_\_\_

\_\_\_\_\_

List other information pertinent to the employment you are seeking:

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT
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(Most Recent First.)

1. Employer\_\_\_\_\_

Job Title\_\_\_\_\_

Dates Employed\_\_\_\_\_

Prior Position Held within Company (if any): \_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_

Zip\_\_\_\_\_

Phone\_\_\_\_\_ Supervisor\_\_\_\_\_

Starting Salary\_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed

\_\_\_\_\_

Reason for Leaving

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

2. Employer \_\_\_\_\_  
Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_

Prior Position Held within Company (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Duties Performed

\_\_\_\_\_

Reason for Leaving

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

<b>ACKNOWLEDGMENT AND AUTHORIZATION</b>
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I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge

Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

## BACKGROUND RECORDS CHECK AUTHORIZATION AND RELEASE

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Any other names used: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address \_\_\_\_\_  
\_\_\_\_\_

Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Date of Birth \_\_\_\_\_

NOTE: AGE IS USED FOR IDENTIFICATION PURPOSES ONLY

Previous Employers:

Name	Address	Dates of Employment
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Military Experience Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes:

Years of service: From \_\_\_\_\_ to \_\_\_\_\_ Rank: \_\_\_\_\_

Colleges Attended \_\_\_\_\_

Dates attended: Beginning: \_\_\_\_\_ Ending \_\_\_\_\_

Degree(s): \_\_\_\_\_

High Schools Attended: \_\_\_\_\_

City/State of High School \_\_\_\_\_

Dates attended: Beginning: \_\_\_\_\_ Ending \_\_\_\_\_

High School Graduate Yes: \_\_\_\_\_ No: \_\_\_\_\_

Any Criminal or Traffic convictions: Yes \_\_\_\_\_ No: \_\_\_\_\_

If Yes:

Year	Offense	City	County	State
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



## APPLICANT'S STATEMENT AND AUTHORIZATION

In connection with my application for employment with the Village of New Richmond, Ohio, I hereby certify that the information set forth above is accurate and I further authorize the Village of New Richmond, Ohio and its authorized agents or employees to investigate my background including the verification of the information set forth above. I further authorize the Village of New Richmond, Ohio and its authorized agents and employees to contact and obtain information from my former employers, all public agencies, including federal, state and local law enforcement offices, sheriff's offices, the bureau of worker's compensation, the bureau of employment compensation, the bureau of vocational rehabilitation, the department of motor vehicles, schools, and courts, and consumer reporting agencies to obtain information concerning my fitness for employment with the Village of New Richmond, Ohio.

I further authorize each of the above entities and all public agencies, listed or not, to release to the Village of New Richmond, Ohio and its authorized agents and employees, all information which the entity or public agency has concerning me, including, without limitation any and all files maintained by that entity or public agency and further authorize that agency or public entity to release these files or to the Village of New Richmond, Ohio and its authorized agents and employees and/or to allow the files to be copied by the Village of New Richmond, Ohio or its authorized agents or employees. In addition, I also authorize review of this information in the future.

In addition, I hereby authorize the Village of New Richmond, Ohio and its authorized agents and employees to use a copy of this AUTHORIZATION AND RELEASE to gain access to the information and for the entity or public agency to maintain a copy of this form with files maintained by that entity or agency. Finally, I hereby release and agree to hold harmless, the Village of New Richmond, Ohio and its authorized agents or employees and any entity or public agency acting in reliance on this AUTHORIZATION AND RELEASE, from any claim whatsoever arising out of the use of this form and the release of information to the Village of New Richmond, Ohio and its authorized agents and employees.

Dated \_\_\_\_\_ Signed \_\_\_\_\_  
Applicant

THIS AUTHORIZATION AND RELEASE SHALL EXPIRE SIX MONTHS FROM THE DATE OF SIGNING.