

FOR OFFICE USE ONLY

**VILLAGE OF  
HARTVILLE**  
202 West Maple St.  
Hartville, Ohio

FOR OFFICE USE ONLY
DEPT. _____
JOB _____
DATE _____
SHIFT _____

**APPLICATION  
FOR  
EMPLOYMENT**

(PLEASE PRINT PLAINLY)

Date: \_\_\_\_\_

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Initial Maiden

Present address \_\_\_\_\_  
No. Street City State Zip

Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_

Previous address \_\_\_\_\_ How long did you live there? \_\_\_\_\_

Are you between 18 and 70 years of age? \_\_\_\_\_

If answer is no, state your age\* \_\_\_\_\_ Are you a U.S. Citizen \_\_\_\_\_

Is your spouse (if any) employed? \_\_\_\_\_ Where employed? \_\_\_\_\_

Are there any positions or types of work for which you should not be considered, or job duties you cannot perform because of a physical, mental or medical disability or handicap? Yes  No  If yes, please describe\* \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List any friends or relatives working for us \_\_\_\_\_  
Name Relationship  
 \_\_\_\_\_  
Name Relationship

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_\_  
 If yes, describe in full \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_ 19\_\_\_\_

Person to be notified in case of accident or emergency  
 \_\_\_\_\_  
Name Relationship Address Phone No.

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company? \_\_\_\_\_

\*Federal and State laws prohibit discrimination in employment due to age, sex, color, religion, creed, national origin, marital status, veteran status, or the presence of non job-related medical condition or handicap.

## RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Years Attended

## MILITARY SERVICE RECORD\*

What is your present Selective Service classification? \_\_\_\_\_  
 \_\_\_\_\_

Were you in U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what Branch? \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at discharge \_\_\_\_\_  
Month Day Year Month Day Year

List duties in the service including special training \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PERSONAL REFERENCES

Name and Occupation	Address	Phone No.
Name and Occupation	Address	Phone No.

\*Federal and State laws prohibit discrimination in employment due to age, sex, religion, creed, national origin, marital status, veteran status, or the presence of a non job-related medical condition or handicap.

**List below all present and past employment, beginning with your most recent**

1.

Name and Address of Company	From		To			Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Day	Yr.					
Type of Business										

2.

Name and Address of Company	From		To			Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Day	Yr.					
Type of Business										

3.

Name and Address of Company	From		To			Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Day	Yr.					
Type of Business										

4.

Name and Address of Company	From		To			Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Day	Yr.					
Type of Business										

5.

Name and Address of Company	From		To			Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Day	Yr.					
Type of Business										

Have you ever been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which one(s) you do not wish us to contact \_\_\_\_\_

I hereby certify that the answers given and statements made are true and correct. I hereby authorize all my previous employers except, as exempted above, or references to furnish any information concerning my personal character, habits or employment records. I hereby release all such persons from liability or damages incurred as a result of inquiry and furnishing this information. I understand that if employed, a false statement of any nature on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

VILLAGE OF HARTVILLE  
202 W. Maple Street  
Hartville, Ohio 44632  
(330) 877-9222

**AUTHORIZATION TO RELEASE INFORMATION**

(FOR THE RELEASE OF PERSONAL DATA AND RECORD INFORMATION)

To Whom it May Concern:

I hereby authorize and request any of the following (whether the relationship is present or in the past):

1. Employer
2. School (private or public funded)
3. Law Enforcement Jurisdiction (federal, state, county or municipal)
4. Keeper of civil court records
5. Keeper of criminal conviction records
6. Any person or persons having personal knowledge about me
7. Professional organizations of which I am or have been a member
8. Federal, state, county or municipal licensing board
9. Financial institution or credit reporting agency

to furnish the Village of Hartville with any and all information in their possession or knowledge regarding me in connection with an application for employment. I authorize that a photocopy of this document be accepted with the same authority as the original.

PRINT NAME \_\_\_\_\_

S.S. # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Is any additional information relative to change of name, use of any assumed name or nickname, necessary to enable a check on your work record? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

WITNESS \_\_\_\_\_

DATE \_\_\_\_\_