FOR OFFICE USE ONLY
Date
Dept
Job

VILLAGE OF HARTVILLE

202 West Maple Street Hartville, Ohio 44632 Phone: (330) 877-9222 Fax: (330) 877-9778 www.hartvilleoh.com

APPLICATION FOR EMPLOYMENT

(Please Print Plainly)

				Date:	
Name					
Last		First	Initial		
Present address	No.	Street	City	State	 Zip
			•		•
Social Security No			Telephone No.		
How long have you lived	d at above addr	ess?			
Previous address			How long did y	ou live there?	
Are you at least 18 year	s old?	If no, hire is subject	to verification that you are of min	nimum legal age.	
Are you a U.S. Citizen?					
Type of Work Desired:	Full Time	□ Part Time □ Positi	on Desired:		
If your application is cor	nsidered favora	bly, on what date will you be a	vailable for work?	20	
Were you previously em	ployed by us?	If yes, former pos	ition and when?		
Do you have any relativ	es currently em	ployed by the Village of Hartvi	ille? Yes No Name:		
If yes, describe in full					
Are there any positions physical, mental or med			t be considered, or job duties y	you cannot perform b	because of
If yes, please describe*					
Are there any other exp	eriences, skills,	or qualifications which you fee	el would especially fit you for wor	rk with the Village?	

^{*}The Village of Hartville is an equal opportunity employer.

RECORD OF EDUCATION

Name and Address of School	Course of Study	Degree
	MILITARY SERVICE RECORD*	
Have you ever been in the U.S. Armed	Forces? Yes No If yes, what Branc	ch?
Are you now a member of the National	Guard? Yes □ No □	
Date Entered Disc	charge Date	
List duties in the service including spec	cial training	
DO YOU HAVE A DRIVER'S LICENSE	E? Yes □ No □	
Driver's License Number	State Expiration	on
	PERSONAL REFERENCES	
Name and Occupation	Address	Phone No.
Name and Occupation	Address	Phone No.

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

Employer 1			
Address	City	State	Zip
hone #	Supervisor's Name		
ob Title	Reason for Leaving		
oates of Employment:/	to/ Salary or Hourly Wage		
ist the jobs you held, duties pe	erformed, skills used or learned while you worked at thi	is company:	
mployer 2			
ddress	City	State	Zip
hone #	Supervisor's Name		
ob Title	Reason for Leaving		
	to/ Salary or Hourly Wage		
ates of Employment:/			
	erformed, skills used or learned while you worked at thi	is company:	
	erformed, skills used or learned while you worked at thi	is company:	
	erformed, skills used or learned while you worked at thi	is company:	
ist the jobs you held, duties pe			
ist the jobs you held, duties pe			
mployer 3	City	State	Zip
Employer 3	City Supervisor's Name	State	Zip
Employer 3 Address Phone #	City City Supervisor's Name Reason for Leaving	State	Zip
Employer 3 Address Obtained the policy of t	City Supervisor's Name Reason for Leaving to/ Salary or Hourly Wage	State	Zip
ist the jobs you held, duties per imployer 3	City City Supervisor's Name Reason for Leaving	State	Zip
mployer 3 ddress hone # bb Title ates of Employment:/	City Supervisor's Name Reason for Leaving to/ Salary or Hourly Wage	State	Zip
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mployer 3	CityCitySupervisor's NameReason for LeavingtoSalary or Hourly Wageerformed, skills used or learned while you worked at this	Stateis company:	Zip
mployer 3	City City Supervisor's Name Reason for Leaving to Salary or Hourly Wage erformed, skills used or learned while you worked at this City City	stateis company:	Zip

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I have read understand and agree to the above statements

I declare that I am qualified to perform all the duties of the position I am seeking with or without reasonable accommodation. I also declare that the information contained in this application is true and complete to the best of my knowledge, and I understand that any false statements or omissions shall be grounds for rejection of, or dismissal from employment with the Village of Hartville. I further agree to keep the information updated and accurate at all times while this application is active.

I authorize investigation of all statements contained in this application, including a criminal background, driving history, credit history check, and drug test, as applicable. I also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

This employment application will be considered active for six (6) months from the date below. If I want to be reconsidered for a job with the Village of Hartville after this time, I must fill out another application.

I understand and agree that this application for employment does <u>NOT</u> create a contract for employment or a guarantee of employment. If an employment relationship is established, I understand that my employment is "AT WILL" and can be terminated with, or without cause, with, or without notice, at the option of either myself or the Village of Hartville.

That's road, unabloand, and agree to the above statements.	
SIGNATURE:	DATE:

The following information regarding race, national origin and gender is requested to assure the Federal Government, acting through Rural Development that the Village of Hartville is complying with Federal Laws prohibiting discrimination against applicants.

You are not required to provide this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Village of Hartville is required to note your race, national origin and gender on the basis of visual observation or surname.

RACE American Indian/Alaskan	Mativo				
Asian	inalive				
Black or African America	n			 	
Native Hawaiian or Other	r Pacific Islande	ers			
White				 	
Female	Male		-		
ETHNICITY Hispanic or Latino Not Hispanic or Latino					
·					
Female	Male		_		

The Village of Hartville is an equal opportunity employer.



VILLAGE OF HARTVILLE POLICE DEPARTMENT

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 Hartville Police Department with any and all information in their possession or knowledge regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original.

	PRINT NAME	
	S.S.#	
	DATE OF BIRTH	
nickname	dditional information relative to change of name, use of any ne, necessary to enable a check on your work record?xplain:	
	SIGNATURE	
	DATE	
	WITNESS DATE	