

VILLAGE OF PENINSULA EMPLOYMENT APPLICATION

The Village of Peninsula is an Equal Opportunity Employer and maintains a policy of Equal Employment Opportunity for all employees and applicants. The Village of Peninsula does not discriminate in employment or the provision of services on the basis of race, color, religion, gender (sex), national origin and ancestry, age, disability, sex (wages), military status, genetic information, pregnancy, or any other characteristic protected by federal or state law.

The information provided in this application will be used to determine your suitability to continue in the hiring process with the Village of Peninsula. If you need additional space to provide complete information, attach a letter-sized sheet (8 1/2 x 11) to this application, which should include in the caption the position you are applying for and your name. Copies are acceptable. Applications lacking sufficient information will not be processed. Please be sure to complete the entire application. Also note that once submitted, this completed form will be subject to all applicable public records laws. If you are selected to continue in the hiring process, you will be required to complete additional forms and provide additional information, in addition to updating any information provided in this application.

Applicants with disabilities may contact Human Resources via telephone, fax, e-mail, or other means to request and arrange for accommodations. If you need assistance to accommodate a disability, you may request an accommodation at any time. Please contact Human Resources at (330) 657-2151 (phone), (330) 657-2372 (fax), or email admin@villageofpeninsula-oh.gov

All information provided on this application and at any stage of the hiring process must be truthful and complete. Any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or at any stage of the hiring process, shall be considered sufficient cause for refusal to hire and shall be considered sufficient cause, if employed, for termination from employment.

PLEASE TYPE OR PRINT IN INK

Position Applying for:		
NAME: (Last, First, Middle)		
ADDRESS: (Street, City, State, Zip Code)		
HOME PHONE :	CELL PHONE :	E-MAIL ADDRESS:
DATE AVAILABLE TO START WORK?		
ARE YOU AT LEAST 21 YEARS OF AGE?		Yes No
Qualified applicants must be at least 21 years of age as of the date of the written examination		

<p>ARE YOU LAWFULLY ENTITLED TO WORK IN THIS COUNTRY? Proof of identity and eligibility to work will be required if employed</p>		
<p>HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?</p>	<p>Yes</p>	<p>No</p>
<p>If Yes, give date and position_____</p>		

<p>HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?</p>	<p>Yes</p>	<p>No</p>
<p>If Yes, give date and position_____</p>		

<p>ARE YOU CURRENTLY EMPLOYED?</p>	<p>Yes</p>	<p>No</p>
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<p>ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?</p>	<p>Yes</p>	<p>No</p>
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<p>DO YOU HAVE A VALID OHIO DRIVERS LICENSE?</p>	<p>Yes</p>	<p>No</p>
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<p>DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL)?</p>	<p>Yes</p>	<p>No</p>
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<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please describe the conviction in detail, including the nature of the offense, date of conviction, jurisdiction, date official disposition, efforts at rehabilitation and any other circumstances you consider important. _____</p> <p>_____</p> <p>_____</p>		

<p>HAVE YOU RECEIVED ANY MOVING TRAFFIC VIOLATIONS WITHIN THE LAST 3 YEARS? Yes C I No</p>
<p>If yes, please give date, violation, jurisdiction and disposition:</p> <p>_____</p> <p>_____</p>

<p>HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY JOB?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please give the name of the employer, the date, and explain the circumstances:</p> <p>_____</p> <p>_____</p> <p>_____</p>		

SINCE HIGH SCHOOL, HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT?

If yes, please list dates and explain the reasons for the unemployment: _____

CERTIFICATIONS, LICENSES & OTHER

GENERAL

C] State of Ohio Driver's License Number: _____

CI High school diploma or GED equivalent

OTHER (certifications and/or licenses that you currently hold that you feel are relevant to the position for which you are applying)

_____	Expiration Date	_____

EDUCATION		
HIGH SCHOOL NAME* :	LOCATION: (Address)	DID YOU GRADUATE? YES:
CIRCLE YEAR COMPLETED: 9 10 11 12		OBTAINED GED? YES: <input type="checkbox"/>

UNDERGRADUATE COLLEGE* :		LOCATION : (Address)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes or No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
GRADUATE/PROFESSIONAL*:		LOCATION : (Address)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes or No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
ARMED FORCES BRANCH:		LOCATION:
YEARS OF SERVICE:	HONORABLE DISCHARGE? Yes or No	RANK:
SPECIALIZED TRAINING:		DUTIES:
PEACE OFFICER CERTIFICATE:		ACADEMY LOCATION:
DATES OF ACADEMY:	ACADEMY BAS	DATE OF GRADUATION:

ACHIEVEMENTS & AWARDS:	ACADEMY INSTRUCTOR:
*Please attach proof of all degrees/certifications earned	

EMPLOYMENT HISTORY		
<p>It is required that you complete all sections of your employment history below, beginning with the most recent employment and working back. If you need additional space to provide complete information, attach a letter-sized sheet (8 h X 1 1) to this application, which should include in the caption the position you are applying for and your name. Do not use "See Resume" as a substitute for completing your employment history.</p>		
POSITION TITLE(S):	COMPANY/EMPLOYER:	DATES: From:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER:	ADDITIONAL INFORMATION:
DUTIES:		
REASON FOR LEAVING:		
POSITION TITLE(S):	EMPLOYER:	DATES: From:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:

HOURS PER WEEK:	SALARY: Starting: Ending:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		

EMPLOYMENT HISTORY		
POSITION TITLE(S):	EMPLOYER:	DATES: From:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER:	ADDITIONAL INFORMATION:
DUTIES:		
REASON FOR LEAVING:		
POSITION TITLE(S):	EMPLOYER:	DATES: From:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:

HOURS PER WEEK:	MAY WE CONTACT THIS EMPLOYER:	ADDITIONAL INFORMATION:
DUTIES:		
REASON FOR LEAVING:		

REFERENCES		
Give name, address, and telephone number of four references (not related to you or previous employers) who would know of your skills for this position.		
Full Name:		
Relationship:	Business	Personal
Company:		
Phone:		
Address:		
Full Name:		
Relationship:	Business	Personal
Company:		
Phone:		
Address:		
Full Name:		
Relationship:	Business	Personal
Company:		
Phone:		
Address:		

I, the undersigned applicant, declare that I am the person mentioned herein, and that all answers, statements, and information are true, accurate, and complete to the best of my knowledge and belief. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and associated records become the property of the Village of Peninsula, which reserves the right to accept or reject it. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to observe all rules, regulations, and policies of the Village of Peninsula now in force and effect, or as they may change during my employment if I am employed by the Village.

Signature of Applicant

Date

I hereby acknowledge and authorize the Village of Peninsula to conduct a thorough background investigation to determine acceptability for employment. In connection with my application for employment with you, I understand that investigative background inquiries are to be made on me, including but not necessarily limited to consumer credit, criminal convictions, Bureau of Motor Vehicles inquiry and examination of previous violation entries of record, and other reports. These reports will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies. I hereby agree to participate in an Ohio Bureau of Criminal Identification (BCI) Fingerprint Criminal Record History Check and understand that employment may be terminated based on the revealed criminal history,

Signature of Applicant

Date

In exchange for employment consideration with the Village of Peninsula, I understand and agree that I will be required to take a pre-employment medical examination, including, but not limited to, a drug and/or alcohol screening and testing to determine my suitability for employment.

I consent to this testing and further give my consent for the release of such test results and other medical information to authorized personnel at the Village of Peninsula. I understand that completion of and the passing of such tests are a condition of employment.

Signature of Applicant

Date