

# Application for Employment

## VILLAGE OF WILLIAMSBURG

107 WEST MAIN STREET

WILLIAMSBURG, OH

45176

**\* The Village of Williamsburg is an Equal Opportunity Employer \***

*Please Print in Blue or Black Ink*

### Personal Information

Date of Application: \_\_\_\_\_

Name (Last, First, M.I.)		Social Security No.		
Present Address	Apt. No.	City	State	Zip
Permanent Address	Apt. No.	City	State	Zip
Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone (    )		E-mail Address (If Applicable)	

### Desired Employment

Position Applied For	Date Available to Start	Starting Wage Requirement
Are you currently employed? If yes, where	May we contact your current employer?	If yes, supervisor's name & phone #
Are you on lay-off and subject to recall?	Have you ever filed an application here before?	If yes, date of application
Have you ever been employed here before?	If yes, dates of employment	Reason for leaving
Referral Source: Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> _____      Other <input type="checkbox"/> _____		

### Education

<u>School Level</u>	<u>Name and Location of School</u>	<u>No. of Years Attended</u>	<u>Did you Graduate?</u>	<u>Subjects Studied</u>
Grammar School				
High School				
College				
Trade or Other				

## Employment History

List below your last three employers, starting with the most recent one first.

Name of Present or Previous Employer		Telephone ( )	Job Title	
Address		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Name of Supervisor		May we contact your Supervisor	Supervisor's Telephone ( )	
Description of Work _____				
Reason for Leaving				

Name of Previous Employer		Telephone ( )	Job Title	
Address		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Name of Supervisor		May we contact your Supervisor	Supervisor's Telephone ( )	
Description of Work _____				
Reason for Leaving				

Name or Previous Employer		Telephone ( )	Job Title	
Address		City	State	Zip
Starting Date	Ending Date	Starting Salary	Ending Salary	
Name of Supervisor		May we contact your Supervisor	Supervisor's Telephone ( )	
Description of Work _____				
Reason for Leaving				

**Additional Information**

Do you have a valid Ohio Driver's License? Yes ___ No ___ Other State? _____
May we check your driving record? Yes ___ No ___ License No. _____
List any special skills and qualifications acquired from employment or other experience that may relate to the position for which you are applying: _____ _____ _____
List any special tools / equipment you can operate that may relate to the position for which you are applying: _____ _____ _____
List computer programs are you familiar with? _____

**Service Record**

Veteran of the U.S. Military Service? Yes ___ No ___ Branch _____		
Honorably Discharged? Yes ___ No ___	Rank _____	Dates of Duty From _____ To _____
Describe your duties: _____ _____		

## References

Below, give the names of three persons you are not related to, whom you have known at least one year.

	<u>Name</u>	<u>Address / City</u>	<u>Business</u>	<u>Telephone No.</u>	<u>Years Acquainted</u>
1				( )	
2				( )	
3				( )	

The Village affords equal opportunity to all qualified, or qualifiable employees and applicants for employment. The Village does not discriminate against anyone due to race, creed, color, sex, disability, national origin, marital status, veteran's status, age, or any other state and local laws.

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed herein to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability and any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

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

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

# Applicant Data Record

The Village affords equal opportunity to all qualified, or qualifiable employees and applicants for employment. The Village does not discriminate against anyone due to race, creed, color, sex, disability, national origin, marital status, veteran's status, age, or any other state and local laws.

As employers, we comply with our affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record.

This data is for periodic government reporting and will be kept in a Confidential File separate from Applications for Employment.

*Please Print in Blue or Black Ink*

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:

Advertisement  Friend  Employment Agency  Walk-in

Employee  \_\_\_\_\_ Other  \_\_\_\_\_

Name (Last, First, M.I.)

Present Address

City

State

Zip

## Affirmative Action Survey

Government agencies require periodic reports on the sex, race/ethnic group, veteran and handicapped status of applicants. This data is for affirmative action analysis **only** and is **strictly voluntary**.

**Please check Applicable information:** Male  Female

White  Black  Hispanic

American Indian/Alaska Native  Asian/Pacific Islander

Disabled Veteran  Vietnam Era Veteran  Handicapped Individual

# Village of Williamsburg

107 WEST MAIN STREET • WILLIAMSBURG, OHIO 45176

*Founded in 1796*

*Clermont County's Oldest Settlement*

ADMINISTRATION (513) 724-6107  
POLICE DEPARTMENT (513) 724-2261  
FAX (513) 724-5456

I, \_\_\_\_\_, do hereby authorize the Williamsburg Police Department and Police Chief to conduct a background investigation in reference to my potential employment with the Village of Williamsburg, and hereby release the above from any criminal or civil liability in reference to this investigation.

I further authorize any Police Department, Sheriff's Department, other Law Enforcement agencies, or individuals to release to the Williamsburg Police Department, Police Chief, or the Village of Williamsburg all contacts, arrests, charges and dispositions filed or recorded under the above name or any other name I may have used.

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security No.: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed

Authorization signed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Witness Signature