Employment Application

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

VILLAGE OF
CARDINGTON

215 Park Park Ave.
Cardington, OH 43315

Phone: (419) 864-7607

Fax: (419) 864-0536

www.cardington.org

Department in which you are applying:
Positions applied for:
First date available to begin work?

Education

Type of School	Name of School and Address	Did you Graduate?	Major or Degree
High School			
College Bus. Or Trade School			
Graduate School			
Other			

Do you have any commitments (e.g., second job, school, etc.) which might adversely affect your employment should we select you for a position?   _____ Yes   _____ No

If yes, please explain:

Do you possess a valid drivers license?   _____ Yes   _____ No

If no, can you obtain one prior to employment?   _____ Yes   _____ No

Are you eligible to work in the United States?   _____ Yes   _____ No

Are you a resident of Ohio?   _____ Yes   _____ No

If no, are you willing to become a resident upon employment?   _____ Yes   _____ No

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of Employment:

From: [ ]   To: [ ]

Salary:

From: [ ]   To: [ ]

Complete Address:

Phone #

Last Job Title:

Reason for Leaving(be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: _____ Yes _____ No

2.

Name of Employer:

Name of last supervisor:

Dates of Employment:

From: [ ]   To: [ ]

Salary:

From: [ ]   To: [ ]

Complete Address:

Phone #

Last Job Title:

Reason for Leaving(be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: _____ Yes _____ No

3.

Name of Employer:
Name of last supervisor:

Dates of Employment:
From: To:
Salary:
From: To:

Complete Address:
Phone #
Last Job Title:

Reason for Leaving(be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: _____ Yes   _____ No

Skills:

List Skills (e.g. typing, computer, etc.)

List computer applications that you have experience with:

Please list 3 references other than relatives and previous employers

Name:			
Position:			
Company:			
Telephone:			
Relationship:			

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF AND CONSENT TO THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position.

Initals [   ]

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening or night shifts, including weekends, be on call and/or work mandatory overtime hours.

Initals [   ]

3. I hereby authorize the employers, schools and personal references named in the application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initals [   ]

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER.

APPLICANTS SIGNATURE: _____

DATE: _____