

# Employment Application Form

PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE

## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE PAGES 1-4.

DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/hours available to work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_  
Have you had any moving violations during the past three years? How Many? \_\_\_\_\_

OFFICE ONLY

Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> PC <input type="checkbox"/> Mac	Other Skills	_____			

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
Position \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?       Yes     No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?       Yes     No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**      Please list your work experience for the **past five years** beginning with your most recent job held.  
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your 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.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your Last Job Title			

Reason for leaving (be specific)

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May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

Village Offices  
215 Park Avenue  
P.O. Box 10  
Cardington, OH 43315

419.864.7607  
419.864.0536 (fax)  
419.864.8888 (police)



**VILLAGE OF**  
**CARDINGTON**

Mayor T. Mills Poorman  
Village Administrator Tom Reynolds  
Fiscal Officer Deborah J. DiLeo

[www.cardington.org](http://www.cardington.org)

**ATTACHMENT TO JOB APPLICATION**

I hereby certify that I have read the Enactment Omnibus Consolidated Appropriations Act of 1997. One part of this Act amended the Gun Control of 1968 to make it unlawful for any person convicted of a "MISDEMEANOR CRIME OF DOMESTIC VIOLENCE" to ship, transport, possess or receive firearms or ammunition. It also makes it unlawful for anyone to sell or otherwise dispose of a firearm or ammunition to any person knowing or having reasonable cause to believe that the recipient has been convicted of such a misdemeanor.

**THIS PROHIBITION DOES APPLY TO ALL LAW ENFORCEMENT OFFICERS**

By signing this notice, I hereby certify that I have not been convicted of a MISDEMEANOR CRIME OF DOMESTIC VIOLENCE and therefore I am qualified to carry a firearm as a Law Enforcement Officer if the position I am applying for with the Cardington Police Department requires that I carry a firearm as part of my duties.

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

DATE \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**APPLICANT RELEASE FORM**

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_

have applied for a position as \_\_\_\_\_ with the Village of Cardington (hereafter called "VOC"). I have been advised by an official of the VOC and am fully aware they will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that in conducting this background investigation, officials of the VOC will be making inquiries with officials and record offices at schools which I have attended. VOC officials may interview physicians and other persons who may have examined or attended me for any physical or other type illness or injury. VOC Police Officers will have authority to check Police and Court records reference any arrest, conviction or other information that relates to my background. VOC Officials have authorization to check any credit records that reflect my name or financial institutions recording present and past dealings that relate to me. I give VOC officials authority to have access to past and present employers and any other persons who may be able to provide information about me which the VOC may need or require.

I hereby waive all provisions of law forbidding any physician or other person who may have attended me, or any school official, court or police agency, credit bureau, employer, military agency, firm or person from disclosing any knowledge or information they have concerning me which is requested or desired by the VOC \_\_\_\_\_ Department.

I, \_\_\_\_\_, hereby give consent and request that any such person disclose any such knowledge or information they have regarding me to the Mayor of the Village of Cardington or his representative. I further consent and request that the Mayor of the Village of Cardington or his representative be provided with a copy of any such records concerning me which they need and require in arriving at an employment decision.

Signature: \_\_\_\_\_

SSN \_\_\_\_\_

Typed (Printed ) Name: \_\_\_\_\_

Time and Date \_\_\_\_\_

Witnessed by \_\_\_\_\_