

# Employment Application



VILLAGE OF  
**CARDINGTON**

215 Park Park Ave.  
Cardington, OH 43315

Phone: (419) 864-7607

Fax: (419) 864-0536

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

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

Home Phone:

Cell Phone:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Department in which you are applying:

Positions applied for:

First date available to begin work?

<input type="text"/>
<input type="text"/>
<input type="text"/>

## 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:

<input type="text"/>
----------------------

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

*Continue on the next page*

### 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

*Continue on the next page*

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:

*Continue on the next page*

**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.

Initials

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.

Initials

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.

Initials

**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:** \_\_\_\_\_



**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.

\_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Signature

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

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