

**VILLAGE OF OTTAWA
APPLICATION FOR EMPLOYMENT**

FORM D

AN EQUAL OPPORTUNITY EMPLOYER

P E R S O N A L	Last Name	First	Middle Initial	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Position Desired			Social Security #
	Are you available to work full-time? <input type="checkbox"/> yes <input type="checkbox"/> no If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> yes <input type="checkbox"/> no
	Do you possess a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no			When will you be available to begin work? _____
	If no, can you obtain prior to employment? <input type="checkbox"/> yes <input type="checkbox"/> no			
	Are you at least 18 yrs. of age? <input type="checkbox"/> yes <input type="checkbox"/> no			
	Are you legally eligible for employment in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no			
	Are you a resident of Ohio? <input type="checkbox"/> yes <input type="checkbox"/> no			
If you are selected for an interview, would you authorize:				
Check of driving record? <input type="checkbox"/> yes <input type="checkbox"/> no				
Criminal background check? <input type="checkbox"/> yes <input type="checkbox"/> no				
If you are selected to fill the available position, would you authorize:				
Pre-Placement Physical Exam to include a drug screen to determine if you are medically qualified to perform the essential functions of the job? <input type="checkbox"/> yes <input type="checkbox"/> no				

E D U C A T I O N	School	Name & Location	Course of Study	No. of yrs. Completed	Did you Graduate?	Degree or Diploma
	HIGH SCHOOL					
	BUSINESS/TRADE/ TECHNICAL					
	COLLEGE					
	GRADUATE					

MILITARY:	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> yes <input type="checkbox"/> no	If "yes" in what branch?
Please list dates of service: start: _____ end: _____		
Please list type of discharge: _____		
Describe any training received relevant to the position for which you are applying		

Additional Information
Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application:

Please list (3) references who are not related to you that you have known at least (1) year:

(1) Name: _____ Phone: _____

How acquainted? _____

(2) Name: _____ Phone: _____

How acquainted? _____

(3) Name: _____ Phone: _____

How acquainted? _____

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.

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

Initials: _____

I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a medical exam that the Employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

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

Initials: _____

I understand that the Employer shall verify the Employers, schools, and personal references named in this application prior to employment with the Employer.

Initials: _____

I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department which I am applying for employment, it may be necessary for the employer to investigate my background for criminal or unlawful activity.

Initials: _____

I 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 or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

I fully understand and accept all terms and conditions in the above statement:

Applicant's Signature

Date