

VILLAGE OF WOODVILLE
APPLICATION FOR EMPLOYMENT
 An Equal Opportunity Employer

This application will not be considered for employment with the Village of Woodville unless all information requested has been completed. Your resume is not a substitute for this application; however, you may attach it when completed. All applications must be submitted to the office of the Village of Woodville's Fiscal Officer either by mail to P.O. Box 156, Woodville, OH 43469, by fax to 419-849-3045, by email to clerk@woodville.net, or in person.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, or veteran status, citizenship, genetic information, or disability.

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.? Yes_____ No_____ (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? Yes_____ No_____			
Position Desired			Date Available to Work
Are you available for full-time work? Yes_____ No_____			
Are you available for part-time work? Yes_____ No_____			
Are you available for seasonal work? Yes_____ No_____			
How did you learn of this job opening? _____			
Have you been previously interviewed or employed by the Village of Woodville? Yes_____ No_____			
If Yes, list date(s) and job title(s): _____			
Do you have any relatives currently working for the Village of Woodville? Yes_____ No_____			
If Yes, list names and relationship to you: _____			
Are you employed now? Yes_____ No_____ If so, may we contact your present employer? Yes_____ No_____			
Complete this section only if the job for which you are applying might require you to drive Company vehicles.			
Do you have a valid State of Ohio Driver's License? Yes_____ No_____			
Do you have a valid Driver's License from another state? Yes_____ No_____			
Do you have a valid commercial Driver's License? Yes_____ No_____			
License number and state: _____			
Has your driver's license ever been suspended, revoked, denied, or cancelled? Yes_____ No_____ If yes, please explain: _____			

Please provide your email address: _____

Education

Name and Location	# Years Completed	Major Area of Study	Degree/Diploma
High School			
College			
Graduate School			
Technical or Certificate Programs			

Employment History Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer #1:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish: _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this employer? Yes _____ No _____	If "No", please explain:	

Employer #2:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Annual Salary Start: _____ Finish: _____		
Reason for Leaving:		
Will you receive a satisfactory reference from this employer? Yes _____ No _____	If "No", please explain:	

Employer #3:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Annual Salary Start: Finish:		
Reason for Leaving:		
Will you receive a satisfactory reference from this employer? Yes _____ No _____	If "No", please explain:	

Employer #4:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Annual Salary Start: Finish:		
Reason for Leaving:		
Will you receive a satisfactory reference from this employer? Yes _____ No _____	If "No", please explain:	

Employer #5:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Annual Salary Start: Finish:		
Reason for Leaving:		
Will you receive a satisfactory reference from this employer? Yes _____ No _____	If "No", please explain:	

Have you ever been discharged or asked to resign by an employer? Yes _____ No _____
If yes, please explain

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

<p>Military Service Record – Completing this section of the application is optional. In order to be considered for civil service credit for military service, you must complete this section and attach a copy of the DD214 discharge papers. .</p> <p>Are you a veteran of the U.S. Military Service? Yes _____ No _____</p> <p>If yes, what branch? _____</p> <p>Dates of Duty: From _____ to _____</p> <p>Rank at discharge _____ Type of Discharge _____</p> <p>List duties in the service, including special training _____</p> <hr/> <hr/>

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Village of Woodville, would affect my application unfavorably.

If I am hired by the Village of Woodville, and if the Village of Woodville discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered only if it is submitted in response to a current job opening. If I want to be considered for a future job opening with the Village of Woodville, I must fill out another application in response to that opening or contact the Human Resources Division to request consideration of this application.

If offered a position, I agree to submit to post-offer pre-employment testing for drugs or alcohol prior to beginning work with the Village of Woodville, and understand that a positive test will form the basis for rescission of any job offer. I understand that if I am employed by the Village of Woodville, I may be required, when job related and consistent with the Village of Woodville's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs.

In consideration of my employment with the Village of Woodville, I agree to adhere to the Village of Woodville's core values and organizational goals and abide by all of the Village of Woodville's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Village of Woodville. If I am hired by the Village of Woodville, unless and until my employment becomes subject to a collective bargaining agreement between the Village of Woodville and one of its labor unions, my employment and compensation are "at will," which means that my employment can be terminated, either by the Village of Woodville or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, which is not an at-will agreement. Only the Mayor or his designee has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the Village of Woodville or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Village of Woodville's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the Village of Woodville, I authorize the Village of Woodville to withhold from my wages, including any last paycheck, such amounts as permitted by law to satisfy my obligation to the Village of Woodville.

READ CAREFULLY BEFORE SIGNING:

I understand and agree that any causes of action or claims that I may have or bring against the Village of Woodville, or that the Village of Woodville may have or bring against me, shall be commenced within the applicable statute of limitations period, within six (6) months of my knowledge of such claim or cause of action, or within six (6) months after my separation from employment, whichever is earlier.

I give the Village of Woodville my permission to conduct any investigation regarding the information contained in my employment application, which the Village of Woodville thinks is necessary to determine my qualifications for assuming a job with the Village of Woodville. I give the Village of Woodville my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Village of Woodville whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

Date

Signature