



APPLICATION FOR EMPLOYMENT



Village of Fort Recovery

201 South Main Street, P.O. Box 340, Fort Recovery, Ohio 45846

Phone: (419) 375-2530

Fax: (419) 375-4709

www.fortrecovery.org

PLEASE TYPE OR PRINT IN INK

NAME (Last, First, Middle Initial)		DATE OF BIRTH
ADDRESS (Street, City, State, ZIP Code)		
HOME PHONE	CELL PHONE	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER STATE CLASS		LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREFERENCES		
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE		PREFERRED SALARY
TYPES OF WORK YOU WILL ACCEPT? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL		DATE AVAILABLE TO BEGIN WORKING
EDUCATION		
HIGH SCHOOL NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DID YOU OBTAIN A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR	DEGREE RECEIVED	IF NO, NUMBER OF CREDIT HOURS OBTAINED

This institution is an equal opportunity provider and employer.

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MAJOR	DEGREE RECEIVED	
COLLEGE/UNIVERSITY NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NUMBER OF CREDIT HOURS OBTAINED
MAJOR	DEGREE RECEIVED	
EMPLOYMENT HISTORY Please list your work experience beginning with your most recent employment. Military experience should be included. If you need additional space, please attach sheets as needed. You may submit a résumé in lieu of completing this section.		
EMPLOYER	DATES	POSITION/TITLE
ADDRESS (Street, City, ZIP Code)		
SUPERVISOR		PHONE NUMBER
DUTIES PERFORMED		
REASON FOR LEAVING		
EMPLOYER	DATES	POSITION/TITLE
ADDRESS (Street, City, ZIP Code)		
SUPERVISOR		PHONE NUMBER
DUTIES PERFORMED		
REASON FOR LEAVING		

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REASON FOR LEAVING		

REFERENCES		
Provide three references who are not related to you, who are not/were not your supervisor, and who you have known for at least one year.		
NAME	PHONE NUMBER	YEARS KNOWN
NAME	PHONE NUMBER	YEARS KNOWN
NAME	PHONE NUMBER	YEARS KNOWN

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SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you for the position for which you are applying.

CONSENT AND AUTHORIZATION TO RELEASE INFORMATION

I have applied for employment with the Village of Fort Recovery. By my signature below, I give express permission to the Village of Fort Recovery to contact all current and previous employers and references listed in my Application for Employment, as well as any other individual or entity, which may have information related to my job performance and work history with any and all of my current or previous employers, whether listed in the Application for Employment or not.

CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

Signature of Applicant

Date

Printed Name of Applicant

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I further authorize _____ to release the contents of my employment record to the Village of Fort Recovery, whether the records are positive or negative. I consent to the Village of Fort Recovery obtaining any and all information concerning my former/current employment. This includes my job performance evaluations, wage history, disciplinary action(s), if any, and all other matters pertaining to my employment with _____.

Signature of Applicant

Date

Printed Name of Applicant

Signature of Witness

Date

Printed Name of Witness

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