

# THE VILLAGE OF WALBRIDGE

## Employment Application

Federal and State laws prohibit discrimination on the basis of race, sex, creed, color, religion, national origin, age, handicap or veteran status. The Village of Walbridge, Ohio is an equal opportunity employer - male/female, handicap.

1. Today's Date: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First Middle

Have you ever been known by any other name(s)? \_\_\_\_\_  
Yes No

If yes, state name(s): \_\_\_\_\_

3. S. S. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Address: \_\_\_\_\_  
Street City State Zip

5. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. How long have you lived at this address? \_\_\_\_\_

8. Have you ever been employed by The Village of Walbridge, Ohio before? \_\_\_\_\_  
Yes No

If so, give dates of employment and position(s) held: \_\_\_\_\_

Are any of your relatives employed by The Village of Walbridge, Ohio? If so, state name and relationship: \_\_\_\_\_

9. Position Applying For: \_\_\_\_\_

10. What Special Qualifications do you have for this position? (Attach additional sheet if necessary) :

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11. Who referred you to us? \_\_\_\_\_

12. Earliest date you are available to work if hired? \_\_\_\_\_

13. Do you have any restrictions on the hours you would be available to work? \_\_\_\_\_  
Yes No

If yes, explain \_\_\_\_\_

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Any objection to Saturday or Sunday work, if required? \_\_\_\_\_ Any objections to overtime work, if required? \_\_\_\_\_ Any objection to travel, if required? \_\_\_\_\_

14. Do you have any physical condition which would interfere with your ability to substantially perform the job you are applying for? \_\_\_\_\_  
Yes No

If answer is you, describe: \_\_\_\_\_

15. Have you ever been convicted or forfeited bond for violation of any Federal, State or local law related in any way to the type of job for which you are applying? \_\_\_\_\_  
Yes No

If so, explain: \_\_\_\_\_

16. Are you under 18 years of age? If so, give date of birth: \_\_\_\_\_

17. Minimum Salary Required: \_\_\_\_\_

**18. EDUCATION**

Schools	Name/Address	Diploma / Degree / Major	No. of Years Completed (i.e. 1, 2, 3, etc.)
Elementary School:			
High School:			
College(s):			
Other:			

19. Are you a U.S. Citizen? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If not a U.S. Citizen, is your U.S. residence legal?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If you are a permanent resident of the U.S., give your alien registration no.: \_\_\_\_\_

If you are NOT a permanent resident, what is the status of your Visa? \_\_\_\_\_

*Federal immigration laws require all job applicants to provide verification of U.S. citizenship, alien registration, visa or work permit before they can be hired; and, if hired, thereafter where necessary to demonstrate continued compliance with the immigration laws.*

20. **PLEASE SHOW BELOW A CONTINUOUS EMPLOYMENT RECORD FOR THE PAST TEN (10) YEARS, GIVING THE MOST RECENT EMPLOYMENT FIRST, INDICATE ANY PERIOD OF UNEMPLOYMENT OR SELF-EMPLOYMENT. INCLUDE MILITARY SERVICE, IF APPLICABLE.**

Name:	From: (Mo./Yr.)	To (Mo./Yr.)	Type of Business:
Address:	Position/Duties:	No. of Hrs Worked (per week)	Salary: _____ Start                  End
City, State, Zip:	Supervisor's Name/Title:		
(Area Code) Phone No.:	Reason for Leaving:		
Name:	From: (Mo./Yr.)	To (Mo./Yr.)	Type of Business:
Address:	Position/Duties:	No. of Hrs Worked (per week)	Salary: _____ Start                  End
City, State, Zip:	Supervisor's Name/Title:		
(Area Code) Phone No.:	Reason for Leaving:		
Name:	From: (Mo./Yr.)	To (Mo./Yr.)	Type of Business:
Address:	Position/Duties:	No. of Hrs Worked (per week)	Salary: _____ Start                  End
City, State, Zip:	Supervisor's Name/Title:		
(Area Code) Phone No.:	Reason for Leaving:		

***If additional job listings are necessary, attach an additional sheet.***

21. Have you ever been disciplined or discharged by any prior employer? \_\_\_\_\_  
Yes No

If YES, explain: \_\_\_\_\_

22. LIST BELOW BUSINESS AND/OR CHARACTER REFERENCES (do not include relatives)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO	EMAIL ADDRESS	BUSINESS / OCCUPATION

## **IMPORTANT - READ CAREFULLY BEFORE SIGNING THIS APPLICATION**

Please check your application to ensure that you have completed and accurately answered every question. Your application is contingent upon your agreement to the following statement. Your signature below will indicate that you have read this statement and agree to its terms:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for rejection of this application, or, if hired, termination from employment.

I authorize the references listed above to give you any and all information concerning my previous employment or any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to The Village of Walbridge, Ohio.

If hired, and in consideration thereof, I understand and agree to conform to the job requirements and rules of which The Village of Walbridge, Ohio, may advise me, in writing or otherwise, and agree that such requirements and rules may, from time to time, be modified or amended. I agree that, if hired, my employment is for an indefinite period of time and that The Village of Walbridge, Ohio, may change my wages, benefits or working conditions at any time, unless prevented from doing so by an applicable collective bargaining agreement. I accept and understand that, if hired, and as a condition of continued employment, the public needs of The Village of Walbridge, Ohio, may require that I work overtime, shift work, a rotating work schedule, a schedule other than Monday through Friday and/or travel.

I understand and agree that I may be required to take a physical examination, at the expense of The Village of Walbridge, Ohio, prior to employment; or, if hired, at any time in the future during my employment to determine my ability to substantially perform the job for which I am applying or hired. I authorize the physician or hospital to release any information which may be necessary to determine my ability to substantially perform such job to The Village of Walbridge, Ohio, and/or the examining physician. I also understand and agree that prior to employment, or, if hired, as a condition of continued employment, I may be required to subject myself to such testing as may be required by the Village of Walbridge, Ohio.

I further agree and acknowledge that, if hired, my employment and compensation may be terminated at any time, at the option of either The Village of Walbridge, Ohio, or me without liability for wages or benefits except such as may have been earned at the date of such termination or as may be specifically provided by an applicable collective bargaining agreement. I understand that no one, other than the Village Council of The Village of Walbridge, Ohio, has any authority to authorize the entering into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand that this is an application for employment and that no offer of employment is being made at this time.

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Print Full Name

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Date