# APPLICATION FOR EMPLOYMENT

### VILLAGE OF CADIZ 128 Court Street

Cadiz, OH 43907 740/942-8844 FAX: 740/942-4448

All applicants are considered without regard to race, color, national origin, religion, gender, age, disability, marital or veteran status.

#### PLEASE PRINT

	7 2	LASE PRINT				
Last Name	Fir	First Name		Middle Name		
Address <i>Number</i>	Street	City	State	<del></del>	Zip Cod	
Telephone Numbers			Social S	Security No	umber	
			/			
Position(s) applied for:			Dat	te of Applic	cation	
your employment with t	he Village of Cadiz?	you would expect to conti		☐ Yes	□No	
visa or immigration Sta	tus?	employed in this country l		☐ Yes	□No	
Are you available to won	Part-Time (F	Please indicate	ing	rnoon 🔲 I	Evening)	
If you are applying for a posi Will you have reliable transp	tion involving driving, dortation to and from wor	o you have a valid Ohio driver k?	r's license?	☐ Yes ☐ Yes	□ No	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

#### WORK EXPERIENCE

List last ten (10) years or last four (4) employers

Employer	o, yours or re	10t 10th (+) Ci		mployed	Work Performed
Address					work renomied
			From	То	
Telephone Numb	er(s)				
Job Title	[] full-time	part-time temporary	Hourly R	Rate/Salary	
Supervisor		[] temporary	Starting	Final	
Reason for Leavi	na	<del></del>			
	3				May we contact? ☐ Yes ☐ No
Employer		<del></del>	Dates E	mployed	Work Performed
Address			From	То	
Telephone Numb	er(s)				
Job Title	[] full-time	☐ part-time			
	L. idil-titile	temporary		late/Salary	
Supervisor			Starting	Final	
Reason for Leavin	ng		<b> </b>		
					May we contact? Yes No
Employer			Dates E	mployed	Work Performed
Address			From	To	
Telephone Numbe	Эг(s)		<del> </del>		
Job Title	☐ full-time	part-time	Hourly Ra	ate/Salary	
Supervisor		☐ temporary	Starting	Final	
			Starting	ritiai	
Reason for Leavin	g				May we contact? ☐ Yes ☐ No
Employer					<u> </u>
	01_70%		Dates En	nployed	Work Performed
Address			From	То	
Telephone Numbe	er(s)	<del></del>			
Job Title	☐ full-time	part-time	Hourly Ra	ite/Salary	
Supervisor		temporary			
			Starting	Final	
Reason for Leavin	g				May we contact? ☐ Yes ☐ No
					May we contact? Yes No
C	<del>, , , , , , , , , , , , , , , , , , , </del>				
Comments: In	clude explana	ation of any g	gaps in empl	loyment.	
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#### **EDUCATION**

Cohool		Name and Address		Years	Diploma/
School		of School	Course of Study	Completed	Degree
High School					
- <u>, - , - , - , - , - , - , - , - , - , </u>					
Undergraduate	į				
College					
Graduate/					~~~
Professional	į				
Other				<del> </del>	
(Specify)					
7. 5030 S.					L
Describe any spec	ialized tra	ining, apprenticeship, skills	and extra-curricular activitie	S.	
Licenses, Registrations	and Certifi	cates. Re cure to include	d deimara lie	7 11	
License/Certificate in	ssued by	Field/Trade/Specialization	d driver's license or commercial driv		
	sacu by	r iciu/ i raue/Specialization	License/Certificate Number	Expirati	ion Date
i	ļ		20 AVAINA 0.0000		
				<del> </del>	
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religion, national origin	n, age, ances	r civic activities and offices held. stry, disability or other protected s	(You may exclude membership whitatus.)	ch would reveal ge	ender, race,
Office exp  Maintenan  Computer	Summarize s erience or tr ce experience experience o	pecial job-related skills and quali aining ce or training or training	fications acquired from employment  Engineering experience or train  Food service experience or train  Hospitality experience or traini	ning ning	е.
List experience or know	vledge with	computer software (specify in det	ail).		
State any additional in	ıformation	you feel may be helpful to us in	considering your application.		
					· · · · · · · · · · · · · · · · · · ·
Personal/Professional	References	(do not include relatives)			
Name		Phone No. (home/work)	Length of time known	Оссиј	pation
1					
2.					
3.					
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## Fidelity Bond Statement

Have you been convicted of a misdemeanor involving theft, misrepresentation or mora turpitude, or of any felony?   Yes  No
If Yes, provide date, place of conviction and type of crime:
My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the Village of Cadiz to investigate the facts submitted and for those with relevant information, including, but without limitation, physicians, hospitals, law enforcement agencies and my prior employers, to release such information to the Village of Cadiz, and I release them from any liability for providing such information to the Village of Cadiz. I understand and agree that any falsification or omission either on this form or in my responses to questions asked during the interviewing or examination process is grounds for immediate termination of employment, no matter when the falsification or omission is discovered. I also understand that, if hired, my employment is to be "at will" during my probationary period and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and a duly authorized officer of the Village of Cadiz.
Signature (do not print or type)  Date: