

APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE

PERSONAL INFORMATION

NAME: _____

LAST

FIRST

MIDDLE INITIAL

CURRENT ADDRESS: _____

HOUSE NO.

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS: _____

HOUSE NO.

STREET

CITY

STATE

ZIP

PHONE NUMBER: _____ ARE YOU 18 OR OLDER? YES NO

CELL PHONE NUMBER: _____ E-MAIL ADDRESS: _____

WHICH NUMBER CAN YOU BE BEST REACHED AT: CELL PHONE HOME PHONE

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF SO, MAY WE CONTACT YOUR EMPLOYER? YES NO

HAVE YOU EVER APPLIED TO THE VILLAGE BEFORE? YES NO IF SO, WHEN? _____

DO YOU HAVE A VALID OHIO MOTOR VEHICLE OPERATOR'S LICENSE? YES NO IF SO, LICENSE NO. _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED*	DID YOU GRADUATE?	SUBJECTS STUDIED OR DEGREE EARNED
PRIMARY SCHOOL				
SECONDARY SCHOOL				
COLLEGE				
OTHER EDUCATION				

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but not less than 70 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____ CURRENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES: _____

FORMER EMPLOYERS LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE CURRENT OR MOST RECENT EMPLOYER

DATE MONTH & YEAR	NAME, LOCATION & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				

REFERENCES GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

PLEASE BE ADVISED: LORDSTOWN VILLAGE PARTICIPATES IN A DRUG-FREE WORKPLACE PROGRAM WHICH INCLUDES DRUG SCREENING

"I certify that the facts contained in document are true and complete to the best of my knowledge, and understand that, if employed, any falsified statements within this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice."

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

HIRED? YES NO POSITION: _____ DEPT: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____
SUPERVISOR MAYOR