

## **Employment Application**

Applicant Information								
Full Name:					Date:			
	Last	First	<b>!</b>			M.I.		
Address:	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:				Email				
Date Availal			Desired Salary: \$					
Position App	olied for:							
Are you a ci	tizen of the United States?	YES	NO	If no, a	are you a	authorized to wo	YES ork in the U.S.?	NO
Have you e	ver worked for this company?	YES	NO	If yes,	when?_			
Have you ever been convicted of a felony?								
If yes, explain:								
			Educ	ation				
High School	l:	/	Address:					
From:	To: Di	d you gr	aduate?	YES	NO	Diploma:		
College:			Address:					
From:	To: Di	d you gr	raduate?	YES	NO	Degree:		
Other:			Address:					
From:	To: Di	d you gr	aduate?	YES	NO	Degree:		
			Refere	ences				
Please list t	hree professional references.							
Full Name:						Relations	ship:	
Company:						Pho	one:	
Address:								

Full Name:				Relationship:	
Company:				Phone:	
Address:					
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mploym	ent		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	alary: \$		- II O L A	
Responsibili	ties:				
From:	To:				
May we con	tact your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address:				Supervisor:	
Job Title:					
Responsibili	ties:				
From:	To:				
May we con	tact your previous supervisor for a reference?	YES	NO		
				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary: \$			Ending Salary: \$	
Responsibili	ties:				
From:	To:	To: Reason for Leavin			
May we con	tact your previous supervisor for a reference?	YES	NO		

Optional - M	ilitary Service Re	ecord	
Branch:	Froi	m:	To:
Rank at Discharge:	Type of Discharg	e:	
If other than honorable, explain:			
Optional – Addi	itional Informatio	on	
If desired, please attach your resume, skills backgrobe included in this application in a separate docume application.			
Disclaime	and Signature		
I certify that my answers are true and complete to the	ne best of my know	vledge.	
If this application leads to employment, I understand Or interview may result in my release.	d that false or mis	leading info	rmation in my application
Signature:		Date:	
orginaturo.			_
Please return this completed application in person or Village of Ashley	by mail to:		
3 N Harrison St PO Box 361			
Ashley, OH 43003			
OR by email to: rrarick@villageofashley.org			
Questions, contact the Mayor's office: (740)747-2889 x5			