

Middleport Public Works
659 Pearl Street
Middleport, OH 45760
740-992-5571
740-992-0006 fax

APPLICATION FOR EMPLOYMENT

Position(s) applied for _____ **Date** ____ / ____ / ____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone _____ **Cell Phone** _____ **Social Security #** _____

Have you submitted an application here before? yes ____ no ____ **If yes, give date** _____
Have you ever been employed here before? yes ____ no ____ **If yes, give date** _____

Type of employment desired? Full time _____ Part time _____ Temporary _____
Date available for work _____ **Are you willing to work holidays, weekends, nights?** yes ____ no ____

ON CALL, CALL IN and OVERTIME HOURS ARE REQUIRED OF PUBLIC WORKS EMPLOYEES.

Do you understand that 'on call', 'call-in' and overtime hours will be required as a condition of employment? yes ____ no ____

Do you have a valid driver's license? yes ____ no ____ **Issuing State** _____

Drivers License Number _____

In connection with my application for employment with the Village of Middleport, I understand and agree that investigative inquiries are to be made on myself and this may include, but is not limited to, consumer credit, criminal convictions, motor vehicle history, educational transcripts and other reports of any nature and type, including information in the public domain. These reports will include information as to my character, work, habits, performance and experience together with reasons for termination of past employment.

I understand and agree that the Village of Middleport can and will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities related to my driving, credit, criminal, education and other experiences.

I authorize without reservation all corporations, companies, credit agencies, persons, educational institutions, law enforcement agencies and former employers to release information they may have about me, and release them from any liability and responsibility for doing so; further, I authorize the procurement of an investigative consumer report related to me and acknowledge my understanding that such report may contain information as to my background, mode of living, character and personal reputation.

This authorization, in original and copy form, shall be valid for this and any future reports that may be requested. I hereby authorize investigation of all statements made by me with no liability arising therefrom.

Signature: _____

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Educational Background - List last 3 schools attended starting with most recent; years completed; diploma/degree/certification earned, if any; grade point average/class rank; study field.

School	# of years completed	Diploma/Degree/Certification	Year Received	GPA/Rank	Course of Study

References - List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Phone	Years Known

Additional Information - List professional, trade, business, or civic associations and any office held. Exclude memberships which would reveal sex, race, religion, national origin, age, disability or any other similarly protected status.

Organization	Offices held

List special accomplishments, publications, awards, etc. Exclude memberships which would reveal sex, race, religion, national origin, age, disability or any other similarly protected status.

List any additional information you would like us to consider.

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Employment History - Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

		Dates Employed from to	Summarize Type of Work / Responsibilities
Employer	Telephone		
Address		Starting Hourly Rate	
Job title			
Immediate Supervisor & Title		Final Hourly Rate	
Reason for leaving			
May we contact for reference? Yes _____ No _____ Later _____			

		Dates Employed from to	Summarize Type of Work / Responsibilities
Employer	Telephone		
Address		Starting Hourly Rate	
Job title			
Immediate Supervisor & Title		Final Hourly Rate	
Reason for leaving			
May we contact for reference? Yes _____ No _____ Later _____			

		Dates Employed from to	Summarize Type of Work / Responsibilities
Employer	Telephone		
Address		Starting Hourly Rate	
Job title			
Immediate Supervisor & Title		Final Hourly Rate	
Reason for leaving			
May we contact for reference? Yes _____ No _____ Later _____			

		Dates Employed from to	Summarize Type of Work / Responsibilities
Employer	Telephone		
Address		Starting Hourly Rate	
Job title			
Immediate Supervisor & Title		Final Hourly Rate	
Reason for leaving			
May we contact for reference? Yes _____ No _____ Later _____			

Comments, including explanation of any gaps in employment
