

# APPLICATION FOR EMPLOYMENT

**APPLICANT NAME:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

*THE VILLAGE OF NEW LEBANON IS AN EQUAL OPPORTUNITY EMPLOYER*

We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, marital, disability, or any other legally protected status.

**IF ANY SECTION OF THIS APPLICATION DOES NOT APPLY WRITE "DNA".**

**APPLICANTS MAY BE REQUIRED TO COMPLETE A DETAILED PERSONAL HISTORY QUESTIONNAIRE PRIOR TO COMPLETION OF THEIR BACKGROUND INVESTIGATION.**

**ANY APPLICATION CONTAINING INCOMPLETE OR INACCURATE INFORMATION OR MISSING REQUIRED INFORMATION AND OR DOCUMENTATION WILL NOT BE CONSIDERED.**

# AUTHORITY TO RELEASE INFORMATION

## TO WHOM IT MAY CONCERN:

I hereby authorize any officer or other authorized representative of the Village of New Lebanon bearing this release, or copy thereof, within one year of this date, to obtain any information in your files pertaining to my employment and educational records (including but not limited to: academic, achievement, attendance, athletic, personal history, and disciplinary records); and credit records. Further authorization is extended to all Police Departments, Sheriff Offices, Juvenile Courts, and Clerks of Courts, to furnish the bearer with information, reprints, photographs, and any other records containing information relating to criminal history or activity.

I hereby direct you to release such information upon request of bearer. I hereby release you, as the custodian of such records, and any employer, school, college, university or other education institution, hospital, or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees or related personnel (both individually and collectively) from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I further authorize the acceptance of a copy of this original to be used as authorization to release any and all information in lieu of the original which remains on file with the investigating agency. Should there be any questions as to the validity of this release you may contact me as indicated below.

Full Name: \_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_  
(Printed)

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## PERSONAL DATA

Name: \_\_\_\_\_  
(LAST) (FIRST) (Middle)

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Social Security Number) (Driver's License Number) (State)

**Education**

High School Graduate \_\_\_\_\_ (Check if applicable)

\_\_\_\_\_  
(High School Name) (Address / City, State)  
GED \_\_\_\_\_ (Check if applicable)

Date GED Administered \_\_\_\_\_ State \_\_\_\_\_ Certificate Awarded? Yes \_\_\_ No \_\_\_

Name / Address of State Authority Issuing  
Certification \_\_\_\_\_  
\_\_\_\_\_

College or University:

\_\_\_\_\_  
(Name) (City, State) (Hours or Degree Completed)

Indicate quarter or semester hours

**Special Skills and Training**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE**

Military: \_\_\_\_\_

Reserve or National Guard: \_\_\_\_\_

## PERSONAL REFERENCES

List Three Personal References Below: (Please do not use family members)

Complete addresses are needed to include number / street, apt #, city, state, zip, etc.

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

## EMPLOYMENT HISTORY

Last 10 Years

Start with your PRESENT or most recent job: (please use month / year for starting & ending dates of employment. If presently employed put "PRESENT" instead of the ending date.

LIST ADDITIONAL EMPLOYMENT ON A SEPARATE SHEET OF PAPER, IF ADDITIONAL EMPLOYMENT IS INCLUDED ON A SEPARATE PAPER CIRCLE: **CONTINUED**

### COMPLETE NUMERICAL STREET ADDRESSES AND PHONE NUMBERS REQUIRED

---

(Employer)

---

(Address)

City

State

Zip

---

From

To

(Official Job Title)

(Dates Employed)

---

(Name of Immediate Supervisor)

(Phone No.)

Statement of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

(Employer)

---

(Address)

City

State

Zip

---

From

To

(Official Job Title)

(Dates Employed)

---

(Name of Immediate Supervisor)

(Phone No.)

Statement of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

(Employer)

---

(Address)

City

State

Zip

---

From

To

(Official Job Title)

(Dates Employed)

---

(Name of Immediate Supervisor)

(Phone No.)

Statement of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

(Employer)

---

(Address) City State Zip

---

(Official Job Title) From To  
(Dates Employed)

---

(Name of Immediate Supervisor) (Phone No.)

Statement of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

(Employer)

---

(Address) City State Zip

---

(Official Job Title) From To  
(Dates Employed)

---

(Name of Immediate Supervisor) (Phone No.)

Statement of Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### DECLARATION

Declaration of Applicant:

I hereby certify that there are no willful misrepresentations or falsifications in the foregoing statements and answers to questions. I am aware that should investigation disclose any such misrepresentations or falsifications, my application will be rejected, or if already employed, my employment may be terminated. I also understand that failure to answer each question will cause my application to be disqualified.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**CONFIDENTIAL**

**Village of New Lebanon, Ohio  
Background Check Authorization**

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_

THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. BY SIGNING THIS FORM, I AUTHORIZE THE VILLAGE OF NEW LEBANON, OHIO, AND/OR ITS DESIGNATED THIRD PARTY TO CONDUCT A CRIMINAL BACKGROUND CHECK.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_