

Appendix A-11

THE VILLAGE OF MILLERSBURG APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

NAME:	_____			
ADDRESS:	_____			
TELEPHONE:	_____ SOCIAL SECURITY NUMBER:	_____		
APPLICATION DATE:	_____ VETERAN:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:	_____
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No				
WILLING TO RELOCATE FOR RESIDENCY REQUIREMENT (IF APPLICABLE)? <input type="checkbox"/> Yes <input type="checkbox"/> No				

PERSONAL DATA

Position(s) desired: _____ Full-Time Part-Time
Date available to start: _____

Have you previously applied for a job with the Village of Millersburg ? Yes No When? _____

Have you ever been employed by the Village of Millersburg? Yes No When? _____
Reason for leaving: _____

Are you related to anyone employed by the Village of Millersburg ? Yes No
If yes, state name and relationship: _____

Do you have any time commitments that might interfere with your employment? (e.g., subject to recall, school) Yes No
If yes, please explain: _____

Have you ever been employed by another public employer in Ohio? Yes No
If yes, provide place and dates of service: _____

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation?
(Should there be a question, please refer to the job description.) Yes No
If no, please explain: _____

Have you ever been dismissed from or asked to resign from any employment position? Yes No
If yes, please explain: _____

If you are applying for a position that requires a driver's license or a commercial driver's license to perform the essential duties of the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes No
- Do you have a valid Ohio commercial driver's license? Yes No
- Have you been arrested for any traffic-related incidents? Yes No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes No
- Have you had your auto insurance rejected, cancelled, or been in a high-risk insurance program? Yes No
- Have you been involved in any accident, either at fault or not at fault? Yes No

Have you had any traffic violations in the past three (3) years? Yes No

If yes, please list:

OFFENSE	APPROXIMATE DATE/YEAR
_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference? Yes No

Employer's name and address (if not included elsewhere in this application): _____

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
High School:				
College Or University:				
Other Schools Attended:				
Other (Courses, Special Training, Etc.):				

Honors received:

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position or current employer first – including U.S. Military, if applicable. Attach additional pages if needed or resume if desired.

Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Positions Held:	Supervisor:
Reason for Leaving:		
Employer:		Telephone:
Address:		Final Salary:
Dates Employed From: To:	Position(s) Held:	Supervisor:
Reason for Leaving:		

PERSONAL REFERENCES OTHER THAN RELATIVES AND FORMER EMPLOYEES (if they cannot be contacted)

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

Applicants for employment with the Village of Millersburg are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

APPLICANT'S SIGNATURE

DATE

Applications not resulting in hire will be kept on file by the Village of Millersburg for a period of 180 days. After 180 days, applicants must resubmit new applications to be considered for future vacancies.

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW:

YES

NO

REMARKS: _____

INTERVIEWER'S SIGNATURE

DATE

EMPLOYED: YES NO

STARTING DATE: _____ STARTING RATE: _____

JOB TITLE: _____

The Village of Millersburg

6 North Washington St.

Millersburg, Ohio 44654

330-674-1886

Fax: 330-674-9044

The following is NOT to be included with application form:

**APPENDIX A-16
POST-HIRE INFORMATION**

NAME OF INDIVIDUALS TO BE CONTACTED IN CASE OF EMERGENCY:

Name	Relationship
Home Phone	Work Phone
Name	Relationship
Home Phone	Work Phone

APPENDIX A-10
VILLAGE OF MILLERSBURG
AMERICANS WITH DISABILITIES DOCUMENTATION

APPLICANT'S NAME: _____ DATE: _____

Position applied for: _____

Did applicant voluntarily state that he/she has a disability? Yes No

APPLICATION PROCESS ACCOMMODATION

Did applicant request accommodation in order to complete application process? Yes No

Was documentation of the disability provided? Yes No

What accommodation was requested?

Describe what accommodation was provided:

JOB RELATED TESTING PROCESS ACCOMMODATION

Did applicant request accommodation in order to complete job related tests? Yes No

What accommodation was requested?

Describe what accommodation was provided:

Test Results:

INTERVIEW PROCESS (Where applicable)

Did applicant request accommodation in order to complete the interview process? Yes No

What accommodation was requested?

Describe what accommodation was provided:

Was applicant determined to be qualified for the job? Yes No

Was applicant determined to be the most qualified applicant for the job? Yes No

If applicant was determined to be not qualified for the job, state the reasons:

Describe any accommodations that will be made for this employee (include any accommodations that the employee has voluntarily agreed to provide):

If the employee cannot be reasonably accommodated, indicate the reason:

APPENDIX A-8
VILLAGE OF MILLERSBURG
DRIVER CONSENT FORM

To be included in the application for all prospective new employees who may be required or may on occasion drive a Village vehicle or any other vehicle on behalf of the Village.

Applicant's name: _____
First Middle Last

Ohio Driver's License Number: _____

Social Security Number: _____

Position applied for: _____

(The above information is required by the State of Ohio to run a MVR.)

I understand that as a condition of employment I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the Village's auto liability insurer. I understand that I must provide, with my application, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing Village minimum requirements.

I further agree that the agency may check my driving record at any time. I agree to report to my supervisor any accidents, arrests, suspension, or cancellation of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the agency.

I understand that by giving incorrect information or by omitting information I am falsifying my application and therefore subject to dismissal if hired.

Prior to driving on behalf of the Village: I am familiar with the Village resolution requiring discipline for a poor driving record. I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

Applicant _____ Date _____

APPENDIX A-12
VILLAGE OF MILLERSBURG
EQUAL EMPLOYMENT OPPORTUNITY

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, age, national origin, qualifying disability, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the _____ to record and report the information listed below. Please help us comply by providing the answers to the following questions.

The Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR: _____

RACE/ETHNIC GROUP: American Indian/Alaskan Native
 Asian/Pacific Islander
 Hispanic
 Black
 White

SEX: Female
 Male

VIETNAM ERA VETERAN: Yes
 No

DISABLED VETERAN: Yes
 No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

Yes
 No

REFERRED BY: Job Posting Newspaper
 Friend Other (please specify): _____

Thank you for completing this form.

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.