

**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

**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

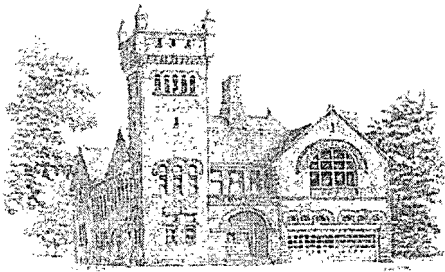
DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

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.



VILLAGE OF MILLERSBURG

6 North Washington Street
Millersburg, Ohio 44654
FAX (330) 674-9044
www.millersburgohio.com

Jeff Huebner, Mayor

Nathan Troyer, Village Administrator

Karen Shaffer, CMC, Village Clerk-Treasurer, Tax Administrator

Matthew A. Shaner, Police Chief

Village Offices (330) 674-1886

Income Tax (330) 674-6891

Police Department (330) 674-5931

AUTHORITY FOR RELEASE OF INFORMATION WAIVER

Name: _____ DOB: _____

I am an applicant for a position with the Millersburg Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal, financial and employment history be disclosed to the Division.

I hereby authorize any representative of the Millersburg Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Millersburg Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Millersburg Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had any interest, attendance records, polygraph examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including the 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 direct you to release such information upon request of the duly accredited representative of the Millersburg Police Department

regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Millersburg Police Department's acceptance and processing of my application for employment, I agree to hold the Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Millersburg Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Millersburg Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of two (2) years from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature of applicant

Date

Address

City, State, Zip

Telephone number