

VILLAGE OF RUSSELLS POINT, OHIO

APPLICATION FOR EMPLOYMENT **FORM 3**

Please submit one application per position to the address indicated on the job posting. Copies are acceptable. Applications lacking sufficient information will be rejected. Please be sure to fill out all pages of this form. Also please note that this completed form will become a public record when submitted to the government agency.

Job Title: _____ Deadline Date: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State: _____ County: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Social Security No.: _____

The following information will be used only if it is directly related to the position for which you are applying:

1. Are you willing and able to secure an Ohio Driver's License if a license is required? Yes: _____ No: _____
2. If the position requires travel, can you supply your own transportation? Yes: _____ No: _____
3. Have you ever been employed with the Village of Russells Point before: Yes: _____ No: _____
 If so, when and in what position(s): _____
4. Are you related to anyone that is currently employed by the Village of Russells Point? Yes: _____ No: _____

LICENSES, REGISTRATIONS, AND CERTIFICATES

License/Certification Issued By	Field/Trade/Specialization	License/Certificate Number	Expires

SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to certain laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, and training and other factors that qualify you for the position for which you are applying. Refer to the minimum qualification and any position-specific qualifications posted for this position. Be sure to provide details of your background in the next section of this applications.

SUMMARY OF QUALIFICATIONS (cont.)

EXPERIENCE

In the areas below, please list your past work experience beginning with you most recent employment. Volunteer work may also be included as employment. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section.

Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____
Employer: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____	From: ____/____/____ To: ____/____/____ Salary: _____ Supervisor Name & Title: _____ _____ _____

EDUCATION

High School Diploma? Yes: _____ No: _____

Name of High School: _____

Location (City, State, Zip): _____

GED Certificate Number: _____ GED Issued By: _____

POST HIGH SCHOOL EDUCATION

Include technical school, business school, professional school, college and university.

School Name and Location	Major Area(s) of Study	Type Degree or Certification

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

Course Work Area	No. of Courses	Course Work Area	No. of Courses

TRAINING AND OTHER QUALIFICATIONS

(Do not include course work already described above)

Subject or Title of Training	Organization	Length of Training

List special equipment or machine you can operate: _____

List computer software in which you have skill, including word processing, spreadsheet, and database programs.

Please indicate the name of the specific software: _____

List special clerical skills, including typing and shorthand: _____
 _____ Typing Speed: _____

List any additional relevant skills you have: _____

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect your employment should we select you for a position? Yes: _____ No: _____

If yes, please explain: _____

REFERENCES

Name	Address	Telephone	Title/Relationship

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

3. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

4. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____

5. This application will be considered active for 60 days from the date filed. If you are hired, it will become part of your official employment record.

Initials: _____

READ CAREFULLY BEFORE SIGNING

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

I ALSO RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE VILLAGE OF RUSSELLS POINT MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicants Signature

Date

Russells Point Police Department

433 State Route 708

P.O. Box 30

Russells Point, Ohio 43348

Phone (937) 843-2245 • Fax (937) 843-9956

Investigative Request for Law Enforcement Data

Please check reason for records check:

Pre-Employment Investigation

Pre-Housing Investigation

Other _____

Instructions: *One person per form.* All information provided must be consistent with photo identification, and form must be complete. Please print where indicated, and submit to department no more than ten (10) days after date of signature.

I, _____, hereby authorize the Russells Point Police Department to
(full name)

release all information regarding any arrest record I may have with the Village of Russells Point; also, any other information whether personal or otherwise that may or may not be on their records. Furthermore, I hereby release the Russells Point Police Department and all officers, agents and the employees thereof from any and all liability and damage whatsoever which may ensue from furnishing such information. (**Note:** It is recommended all requestors/investigators continue their investigation at the Bellefontaine Municipal Court at 226 West Columbus Avenue, Bellefontaine, Ohio 43311)

Full Name:	Last		First		Middle	
Alias/Other Names:						
Date of Birth	/ /		Social Security Number:		- -	
	Number & Street		City		County State Zip	
Current Address:						
	Number & Street		City		P.O. Box State Zip	
Mailing Address:						

(Signature of Authorizing Person)

(Signature of Requesting Official)

(Date)

For Department Use Only

We Have No Records On This Person

Record Information Shown on Reverse Side

(Signature and Title of Reporting Official)

(Date of Completion)

Record Information Shown Below

Date	Offense	Disposition and Date	Location of Disposition (Court & City)

Remarks or Additional Information