

VILLAGE OF NEWCOMERSTOWN

**APPLICATION FOR EMPLOYMENT
FORM #14**

The Village of Newcomerstown considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

We Are An Equal Opportunity Employer
Please Print

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Last Name		First Name			Middle Name	
Address	Number	Street	City	State	Zip Code	
Telephone Numbers		Work	Home	Social Security #		

Position(s) Applied For	Date Of Application
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How Did You Learn About Us?		
___ Advertisement	___ Friend	___ Walk-In
___ Employment Agency	___ Relative	___ Other

Are You Currently Employed? Yes No

May We Contact Your Present Employer? Yes No

On What Date Would You Be Available For Work? _____

Are You Currently On "Layoff" Status And Subject To Recall? Yes No

Can You Travel If A Job Requires It? Yes No

Have You Been Convicted Of A Felony Within The Last 7 Years? Yes No

If Yes, Please Explain _____

EMPLOYMENT
EXPERIENCE

Start With Your Present Or Last Job. Include Any Job-Related Military Service Assignments And Volunteer Activities. You May Exclude Organizations Which Indicate Race, Color, Religion, Gender, National Origin, Disabilities, Or Other Protected Status. If You Need Additional Space, Please Continue On A Separate Sheet.

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone		Hourly Rate/Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

List Professional, Trade, Business, Or Civic Activities And Offices Held. You May Exclude Memberships Which Would Reveal Gender, Race, Religion, National Origin, Age, Ancestry, Disability, Or Other Protected Status.

EDUCATION

Education	Name and Address of School	Course of Study	Specify Diploma or Degree
Elementary School			
High School			
Undergraduate College			
Graduate Professional			
Other (Specify)			

Describe Any Specialized Training, Apprenticeship, Skills, And Extra-Curricular Activities

Describe Any Job-Related Training Received In The United States Military

SPECIAL SKILLS

Other Qualifications

<i>Summarize Special Job-Related Skills And Qualifications Acquired From Employment Or Other Experience.</i>

Specialized Skills

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> FAX |
| <input type="checkbox"/> PC | <input type="checkbox"/> Lotus 1-2-3 |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> PBX System |

Other Skills (Please List)

Additional Information

<i>Please State Any Additional Information You Feel May Be Helpful To Us In Considering Your Application.</i>

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Typewriter | <input type="checkbox"/> WordPerfect |
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Professional References - Please List Only People You Have Worked With Professionally.

1. _____

Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

3. Name _____ Phone _____
Address _____

May We Contact The Above-References? If You Object, Please Indicate Which Ones.

I Certify The Above Statements Are Correct To The Best Of My Knowledge.

Signature Of Applicant **Date**