Application for Employment

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.

Personal Information

Name

Address	**City**	**State**	**Zip**

Home Number	**Cell Phone**	**Work Phone**

Email	**Position applied for**	**Date of application**

Are you currently employed? ☐ Yes ☐ No	**If, so may we contact your present employer?** ☐ Yes ☐ No	**On what date would you be available to begin 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:**

How did you learn about us?
☐ Advertisement   ☐ Friend   ☐ Walk-in   ☐ Employment Agency   ☐ Relative   ☐ Other

Education

School name	Location	Years attended	Major	Degree Received

Special Skills

Summarize special job related skills and qualifications acquired from employment or other experiences. Include any special training and apprenticeships.

Employment History

1. Employer | **Job Title** | **Supervisor**

| **Address** | | **City** | | **State** | **Zip** |

| **Phone** | **Starting pay rate** | **Ending pay rate** | **Dates Employed** |

Responsibilities

Reason for leaving

2. Employer | **Job Title** | **Supervisor**

| **Address** | | **City** | | **State** | **Zip** |

| **Phone** | **Starting pay rate** | **Ending pay rate** | **Dates Employed** |

Responsibilities

Reason for leaving

3. Employer | **Job Title** | **Supervisor**

| **Address** | | **City** | | **State** | **Zip** |

| **Phone** | **Starting pay rate** | **Ending pay rate** | **Dates Employed** |

Responsibilities

Reason for leaving

References

Name	Title	Company	Phone

May we contact the above references? ☐ Yes ☐ No   *If you object, please indicate which ones.*

I certify the above statements are correct to the best of my knowledge.

_____ _____
Signature of Applicant   *Date*

Your signature in this box signifies your consent to a background check:

_____ _____
Signature   *Date*

FOR POLICE DEPARTMENT APPLICATION ONLY DATE OF BIRTH: _____