

**VILLAGE OF WELLINGTON**

An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT**

NOTICE: APPLICATIONS FOR EMPLOYMENT WILL BE CONSIDERED FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF SUBMISSION. IT IS THE APPLICANT'S RESPONSIBILITY TO RESUBMIT ANOTHER APPLICATION IN ORDER TO RECEIVE CONSIDERATION FOR AN OPENING AFTER THE NINETY (90) DAY PERIOD.

**PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS  
CONTAINED ON THE ENTIRE APPLICATION FORM.**

Position Sought: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you an Adult, legally emancipated, or otherwise legally eligible to work in the State of Ohio?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**  
**IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK  
EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN  
WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF  
NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS  
FOR DISQUALIFICATION.**

Current Employer: \_\_\_\_\_  
(Enter "None" if unemployed)

May we contact your current employer prior to employment by the Village? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to leave? \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc.

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Why did you leave? \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Describe your duties, responsibilities, equipment operated, promotions, etc.

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Why did you leave? \_\_\_\_\_

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.

**EDUCATION AND TRAINING**

**THIS SECTION IS INTENDED TO GIVE THE VILLAGE INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.**

High School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ High School Equivalent? \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

College or Trade School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance – From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

Graduate School attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of attendance – From: \_\_\_\_\_ To: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSONAL INFORMATION

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: \_\_\_\_\_

Are you legally permitted to work in the United States?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE (1) YEAR.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THEY ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING.

Do you possess a valid State of Ohio Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, can you obtain one prior to employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid State of Ohio Commercial Driver's Licenses? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Class of License? Yes \_\_\_\_\_ No \_\_\_\_\_

What CDL Endorsements? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, can you obtain the proper class of commercial Driver's License and Endorsements for the position you are applying for prior to employment? Yes \_\_\_\_\_ No \_\_\_\_\_

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY, INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING ONE OR MORE PARAGRAPHS, CONTACT THE VILLAGE BEFORE INITIALING.

1. I understand and accept that if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Village deems necessary to determine whether I can 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 given the duties and responsibilities of the Village, I may be required to work weekends, evening hours, or at other times as determined by the Village, including overtime hours.

Initials: \_\_\_\_\_

3. I understand and accept that it may be necessary for me to sign any waivers necessary to allow the Village to obtain information from my current and former employers, schools and personal references.

Initials: \_\_\_\_\_

4. 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 Village, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

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 recognize that my future employment with the Village will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol use.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**REFERENCE LIABILITY RELEASE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

In connection with my application for employment with the Village of Wellington, and by affixing my signature hereto, I am authorizing the release of any and all information, to be made available to the Village, concerning my work habits, employment record, and personal conduct and character, including any confidential or privileged information which may be available.

Additionally, I release from all liability and claim of damages the Village of Wellington and any agency, firm, organization, or individual providing such information to the Village. Further, it is understood that all the personal information compiled as a result of this release shall be used for the exclusive purpose of evaluating my candidacy for employment with the Village of Wellington.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**EEO DATE: VOLUNTARY DISCLOSURE FORM**

Regulations of the Equal Employment Opportunity Commission (EEOC) require Villages to compile data regarding the nature and makeup of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the Village comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your responses will be used by the Village solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential and will play no part in the Village's evaluation of your employment performance or status of your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

Name (Optional): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Racial and ethnic categories:

White (not of Hispanic origin) \_\_\_\_\_

Black (not of Hispanic origin) \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian or Pacific Islander \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_

Handicapped/Disabled \_\_\_\_\_

Classification/job for which you are applying: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: This form is to be maintained separately from the application form.