

**VILLAGE OF DEGRAFF, OHIO**

**APPLICATION FOR EMPLOYMENT**

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 Applying For: \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address; \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

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. Have you ever been employed by the Village of DeGraff before?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, when and in what position(s): \_\_\_\_\_

3. Are you related to anyone that is currently employed by the Village of DeGraff?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

**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 for.

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**EXPERIENCE**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact: \_\_\_\_\_ If so, Supervisor Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact: \_\_\_\_\_ If so, Supervisor Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact: \_\_\_\_\_ If so, Supervisor Name: \_\_\_\_\_

## EDUCATION

High School Diploma? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Location (City, State, Zip): \_\_\_\_\_

GED? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Issued By: \_\_\_\_\_

## TRAINING & OTHER QUALIFICATIONS

Training or Course Work Area	No. of Courses	Organization	Certification No.

List special equipment or machines you can operate: \_\_\_\_\_

List any additional relevant skills: \_\_\_\_\_

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 accommodations when necessary. I understand and accept that this may include drug, alcohol, r substance abuse testing.

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

2. 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 past records of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary to investigate my background for any criminal or unlawful activities.

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.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date