

VILLAGE OF HOLLAND

1245 Clarion Avenue
 Holland, Ohio 43528
 Phone: 419-865-7104



Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information or any other basis protected by federal, state, and/or local law. We are an equal opportunity employer.

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Full or Part time?		Desired Salary	
Position Applied for				If Police are you OPOTA certified?	
How did you learn about this job opening?				Do you have a CDL license?	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Driver's license number required if driving may be required in applied position.		Driver's license		State	
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three professional references.</i>					
1. Full Name			Relationship		
Company			Phone ()		
Address					
2. Full Name			Relationship		
Company			Phone ()		
Address					
3. Full Name			Relationship		
Company			Phone ()		
Address					

PREVIOUS EMPLOYMENT

1. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

COMPUTER SKILLS

Computer Skills – check all that apply:

<input type="checkbox"/> Word Processing	<input type="checkbox"/> Internet
<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Other
<input type="checkbox"/> Presentation	<input type="checkbox"/> Other
<input type="checkbox"/> Email	<input type="checkbox"/> Other

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

ADDITIONAL INFORMATION

Describe any specialized training, certifications, skills or additional information

RELATED INFORMATION

When answering these questions, please exclude any information that would reveal race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong?

List special accomplishments, publications, awards, etc.

List any relevant volunteer work

Is there any other job-related information you want us to know about you?

APPLICANT STATEMENT

I certify that all information given herein are true and complete. I authorize investigation of all statements in this application, attached resume's or information expressed in interviews for employment as may be necessary in arriving at an employment decision. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date