

VILLAGE OF GREENWICH

45 Main Street ** Greenwich, OH 44837 ** (419) 752-2441

An Equal Opportunity Employer

Reasonable accommodation will be provided as required by

law.

Employment Application

		Applicant Infor	mation						
Full Name:	Name:			Date:					
	Last	First		M.I.					
Address:									
	Street Address				Apartment/Unit #				
	City			State	ZIP Code				
Phone:		Email							
Date of Birth:	:/		Socia	l Security No.:					
Date Available	e/		Desired Salary: \$						
Position Appl				•					
		WEG NO			VEC. NO.				
Are you a citiz	zen of the United States?	YES NO	If no, are y	you authorized to	o work in the U.S.? YES NO				
Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization. If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state of federal law.									
		Education	ı						
High School:		Address:							
		YES	S NO						
From:	To:			Diploma::					
College:		Address:							
<u> </u>		YES	S NO						
From:	To:			Degree:					
Other:		Address:							
Ouler.		Address.							
From:	То:	YES Did you graduate? ☐	S NO	Degree:					
		Reference							

Please list three professional references. ON NEXT PAGE

Full Name:		Relationship:			
Company:		Phone:			
Address:					
Full Name:				Relationship:	
C				Phone:	
Address:					
Full Name:				Relationship:	
Company:		Phone:			
Address:					
	Previous	Employmer	nt		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting Salary:\$			Ending Salary:	
Responsibilities:					
From:	То:	Reason	for Leaving:		
May we contact your	previous supervisor for a reference?	YES	NO		
				Phone:	
Address:				Supervisor:	
Job Title:	Startin	Starting Salary:		Ending Salary:\$	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact your	previous supervisor for a reference?	YES	NO 🗆		
Company:				Dhana	
Address.				Phone: Supervisor:	
		Starting Salary &			
	Starting Salary:\$			Ending Salary:\$	
Responsibilities:					
From:	То:	Reason for Leaving:			
May we contact your	previous supervisor for a reference?	YES	NO		

	M	Iilitary Servi	ce			
Branch:			From:	То:		
Rank at Discharge:		T	Type of Discharge:			
If other than honorable, explain:						
	Driver's	License Ver	rification			
Do you have a valid driver's license?	YES	NO	Driver's License #:	State Issued:		
Dates of Validation: From: To:			Endorsements:	·		
	Disclai	imer and Sig	natures			
I certify that all of the information provided and I authorize investigation of all statements check, and drug test. I understand that any facemployment and may result in my immediate	s contained i alse or incon	in this applicat aplete informa	ion, including a criminal ba tion may disqualify me fron	ckground, credit history		
I authorize the investigation of any or all state employer, past employers, and other organiza- relevant information that may be useful in ma- liability in making such statements.	ations to pro	ovide informat	ion concerning my previou.	s employment and other		
I have read, understand and agree to the abo	ve statemen	ts.				
Signature:			Date:			