

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

	PERSONAL PROPERTY OF THE PARTY	Applicant	Information	ı	16.40						
Full Name:				Data							
	Last	First	M.I.								
Address:											
	Street Address			Apartment/Unit #							
	0.11										
	City			State ZIP Code							
Phone:			Email								
Date of Birth:// Social Security No.://											
Date Available/ Desired Salary: \$											
Position App	lied for:										
Are you a cit	izen of the United States?	YES NO	If no, are you	YES NO u authorized to work in the U.S.?)						
Have you ev	er worked for this company	YES NO	If yes, when?								
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.											
		Educ	ation								
High School:	<u> </u>	Address:									
From:	To:	Did you graduate?	YES NO	Diploma::							
College: Address:											
			YES NO								
From:	To:	Did you graduate?		Degree:							
Other:		Address:									
From:	To:	Did you graduate?	YES NO	Degree:							
	在图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像图像	Refer	ences								

Please list three professional references. ON NEXT PAGE

ull Name:		Relationship.				
company:		Phone:				
ddress:						
			Relationship:			
			Phone:			
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aduress.			C + 19 1251 (API-18)			
\$ 7 - 11 - 3 - 4 - 1			Relationship:			
			Phone:			
Address:						
NO DESCRIPTION	Pre	evious Employment				
Company:		li .	Phone:			
Address:			Supervisor:			
Job Title:		Starting Salary:				
Responsibilities:						
From:	To:	To: Reason for Leaving:				
May we contact your p	revious supervisor for a ref	YES NO erence?				
Company:			Phone:			
Address:	11		Supervisor:			
Job Title:	m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Starting Salary:	Ending Salary:			
Responsibilities:		and the state of the				
From:	To:	Reason for Leav	ving:			
	previous supervisor for a re		1			
			Dhama			
Job Title:		Starting Salary:	Ending Salary:			
Responsibilities:	1 1 Tel 2 1	The State of the				
From:	To:	Reason for Lea	ving:			
May we contact your	previous supervisor for a re	YES No				

		Mili	itary Service				
Branch:			From:	То:			
Rank at Discharge:							
If other than honorable, explain:							
Action Action to the second	Drive	er's L	icense Verification				
Do you have a valid driver's license?	YES	NO	Driver's License #:	State Issued:			
Dates of Validation: From: To:			Endorsements:				
Disclaimer and Signatures							
I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.							
I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.							
I have read, understand and agree to the above statements.							
Signature:		Date:					