



VILLAGE OF TIMBERLAKE
TIMBERLAKE, OHIO 44095

Employment Application

11 Eastshore Blvd.
Timberlake, Ohio 44095-1937
Phone 440-253-9480 Fax 440-525-5430
timberlakemayor@gmail.com
An Equal Opportunity Employer and a Drug-Free Workplace

If you need accommodations in accordance with the Americans with Disabilities Act, please notify the Office of the Mayor.

Posting Number	Position Title	Date
1. Print Name:		
	Last	First
		Middle
2. Current Address:		
	Number & Street Name	Apartment Number
	City	County
		State
		Zip Code
3. Mailing Address: (If different from above)		
	Number & Street Name	Apartment Number
	City	County
		State
		Zip Code
4. Personal Phone:		
	Area Code and Number	Business Phone:
		Area Code and Number
5. Previous Residence:		
	Number & Street Name	Apartment Number
	City	County
		State
		Zip Code
7. E-mail Address:		
	E-mail Address	

All applications and/or resumes *must* be submitted to the Village of Timberlake or postmarked by the advertised closing date, *no exceptions*. Applications and/or resumes are accepted only for positions that are posted (open for recruitment).

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

I hereby declare that the facts set forth in my application for employment are true and complete. I understand that any false statement, misstatement or omission of fact given in my application or interview(s) shall be considered sufficient cause for non-selection or, if employed, dismissal, regardless of when discovered. If accepted for employment, I agree to abide by all rules, regulations, policies, and procedures of the Village of Timberlake.

All statements are subject to investigation, including, but not limited to, educational, training and work history statements. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. If hired, I understand that my employment is to be "at-will" and that either I, or the Village of Timberlake, may terminate my employment at any time, with or without cause. I further understand that this application may be subject to public inspection in accordance with the Ohio Public Records law.

I understand that certain pre-employment tests may be a condition of employment, including, but not limited to: drug/alcohol screen; background check, including criminal history; driver's license records check; credit report; medical examination or physical; and/or physical demonstration of job-related skills.

INFORMATION RELEASE: I hereby waive all provisions of law forbidding the release of educational, employment and medical information. I hereby authorize schools, colleges, or universities which I attended, my physician or other person(s) who have attended or examined me or who may hereafter attend or examine me, and former employers, to release such information to the Village of Timberlake. A photocopy of my signature shall be as valid as the original for this purpose.

Date Signed

Applicant's Signature - In Ink (Submittal of this application electronically is considered an electronic signature.)

7. Type of Employment Service Sought (check all that apply):						
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HOURS AVAILABLE _____ If a job requirement, you will work: You will travel: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Holidays <input type="checkbox"/> Nights <input type="checkbox"/> Various Shifts <input type="checkbox"/> Other Date available for work/service: _____						
8. Education and Training (include seminars, workshop, conferences and on-the-job training):						
<i>To receive credit for college course work or vocational training, it is necessary that you supply quarter/semester or class hours earned in addition to dates attended. You may be required to submit college transcripts or list of courses successfully completed.</i>						
School/Location/Sponsor		Course of Study		Degree or Certificate		Date Obtained
High School/GED				YES	NO	
Technical/Trade/Vocational School						
Community College						
College/University						
College/University						
Other						
9. Specific Skills (in the spaces below, list the equipment with which you have had experience or any special skills you might have):						
Computer Software	Years	Months	Other Equipment (please describe)	Years	Months	
10. List the construction vehicles/equipment you can operate (if applicable to the job for which you are applying). You <u>must</u> also include this information in the Work History section, page 3:						
11. List active licenses, certificates or registrations, the registration number(s) and expiration date(s):						
12. List any organization(s) to which you belong which you consider relevant to your ability to perform the job:						

YOU MUST COMPLETE THE WORK HISTORY SECTION OF THIS APPLICATION. List your most recent employer first. If currently unemployed, leave present employer section of this application blank. **Include any unpaid work experience as well as military service.** If you held more than one position with the same employer, list each position separately. You must account for all periods of time for at least the last ten (10) years. If desired, include a resume or additional pages, which will help, clarify your work experience. If a resume is attached, be sure that month/year for each employment is reflected on the resume and coincides with the Work History section of this application. If additional space is needed put the information in Item 25.

13. Present Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 25.

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/

14. Past Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No. _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 25.

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/

15. Past Employer: _____
 Business Name

Business Address: _____
 City, State & Zip Code

Phone No. _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 25.

From: _____
 Month, Day & Year

To: _____
 Month, Day & Year
 Full Time Part Time

Number of hours worked per week: _____

Last Salary: _____ Per/

16. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 25.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/_____

17. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 25.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/_____

18. Past Employer: _____
Business Name

Business Address: _____
City, State & Zip Code

Phone No: _____ Number You Supervised: _____

Your Job Title: _____

Supervisor's Name: _____ Reason for Leaving: _____

Duties in Detail: _____

May we contact employer? Yes No, explain in Item 25.

From: _____ Month, Day & Year
To: _____ Month, Day & Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Number of hours worked per week: _____
Last Salary: _____ Per/_____

