

To contact a department directly:
 Administration 563-2244
 Fire Department 563-2248
 Police Department 563-2249
 Public Works 563-4338
 Recreation Department 563-2247

**VILLAGE OF EVENDALE
 10500 READING ROAD
 Evendale, Ohio 45241-2474
 Tel. (513) 563-2244**

EMPLOYMENT APPLICATION

POSITION FOR WHICH YOU ARE APPLYING		DEPARTMENT	DATE OF APPLICATION
LEGAL NAME LAST	FIRST	FULL MIDDLE NAME	
RESIDENCE ADDRESS (NUMBER, STREET, APT, CITY, COUNTY, STATE AND ZIP CODE)			RESIDENCE PHONE AND AREA CODE
DO YOU HAVE A VALID OHIO DRIVER'S LICENSE YES <input type="checkbox"/> NO <input type="checkbox"/>			
DO YOU HAVE A VALID OUT-OF-STATE DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF APPLYING FOR A POSITION IN THE FIRE OR POLICE DEPARTMENTS, CAN YOU PROVE YOU ARE AT LEAST 21 YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YOU AREY APPLYING FOR ANY OTHER FULL-TIME POSITION, CAN YOU PROVE THAT YOU ARE AT LEAST 18YEARS OF AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF APPLYING FOR SEASONAL RECREATION POSITION CAN YOU PROVE YOU ARE 15YEARS OF AGE AS OF JUNE 1 ST OF THE YEAR OF THE APPLICATION, AND PROVIDE WRITTEN PERMISSION FROM A PARENT OR GUARDIAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITEDSTATES YES <input type="checkbox"/> NO <input type="checkbox"/>	

EDUCATIONAL BACKGROUND

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
HIGH				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ELEMENTARY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER LICENSES OR CERTIFICATES				<input type="checkbox"/> YES <input type="checkbox"/> NO	

VILLAGE OF EVENDALE IS AN EQUAL OPPORTUNITY EMPLOYER

BACKGROUND INVESTIGATION

***EXCLUDING MATTERS SEALED PURSUANT TO ORC 2953.55...HAVE YOU EVER BEEN CONVICTED OF ANY MISDEMEANOR OR FELONY (INCLUDING PLEADING GUILTY, PLEADING NO CONTEST, OR HAVING A FINDING OF GUILTY)? YES NO IF YES, PLEASE EXPLAIN.**

***EXCLUDING MATTERS SEALED PURSUANT TO ORC 2953.55...IN YOUR PREVIOUS EMPLOYMENT, IN ANY CAPACITY, HAVE YOU EVER BEEN THE SUBJECT OF AN INTERNAL ADMINISTRATIVE INVESTIGATION? YES NO IF YES, PLEASE EXPLAIN.**

***EXCLUDING MATTERS SEALED PURSUANT TO ORC 2953.55...HAVE YOU EVER BEEN THE SUBJECT OF A CIVIL OR CRIMINAL INVESTIGATION? YES NO IF YES, PLEASE EXPLAIN.**

***EXCLUDING MATTERS SEALED PURSUANT TO ORC 2953.55...ARE YOU CURRENTLY UNDER INVESTIGATION OR INDICTMENT? YES NO IF YES, PLEASE EXPLAIN.**

PERSONAL REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

NAME		HOME ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE) NUMBER
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	HOME ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE) NUMBER
NAME		HOME ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE) NUMBER
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	HOME ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE) NUMBER
NAME		HOME ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE) NUMBER
YEARS KNOWN	BUSINESS OCCUPATION OR PROFESSION	HOME ADDRESS (CITY, STATE, ZIP CODE)	HOME PHONE (AREA CODE) NUMBER

WORK HISTORY

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	Mo.	Yr.	Mo.	Yr.				
	DESCRIBE THE WORK YOU DID:							
TELEPHONE								
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	Mo.	Yr.	Mo.	Yr.				
	DESCRIBE THE WORK YOU DID:							
TELEPHONE								
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	Mo.	Yr.	Mo.	Yr.				
	DESCRIBE THE WORK YOU DID:							
TELEPHONE								
NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	Mo.	Yr.	Mo.	Yr.				
	DESCRIBE THE WORK YOU DID:							
TELEPHONE								

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS APPLICATION MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

SIGNATURE OF APPLICANT: _____ DATE: _____