

**VILLAGE OF EVENDALE  
10500 READING ROAD  
Evendale, Ohio 45241-2474  
Tel. (513) 563-2247**

**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"/>		
ARE YOU OVER 18 YRS OF AGE YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES	
ARE YOU OVER 21 YRS OF AGE YES <input type="checkbox"/> NO <input type="checkbox"/>	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*



# 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: \_\_\_\_\_**