

VILLAGE OF MINSTER APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status. All job offers are contingent upon the successful completion of background check process, which may include a police records check and a medical examination which includes a drug screen.

Each question should be fully and accurately answered. **PLEASE PRINT**, except for your signature.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Federal law requires proof of identity and employment authorization for all new employees.)</small>		

POSITION

Position Or Type Of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Seasonal	Shift: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the Village? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State:	Date Available	

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list the highest grade completed						
High School, College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
	From			<input type="checkbox"/> Yes		
	To			<input type="checkbox"/> No		
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	
Occupational License, Certificate or Registration		Number	Where Issued		Expiration Date	

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

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EXTRA-CURRICULAR ACTIVITIES, HONORS & SCHOLARSHIPS

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WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience) Add additional pages, if necessary

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
What did you like most about this job?		
What did you like least about this job?		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties		Hours Per Week
		Last Salary
		Supervisor
What did you like most about this job?		
What did you like least about this job?		
Reason For Leaving	May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**APPLICANT'S STATEMENT
READ CAREFULLY BEFORE SIGNING**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your official employment record.

If employment relationship is established, I understand that such employment is terminable at will, by either myself, or the Village, at any time, for any reason. I also understand that any period of employment is not for a specific duration. In addition, I understand that no Village representative has the authority to make any oral or written agreements which are contrary to the foregoing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I agree that any claim or lawsuit relating to my service with the Village of Minster or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I expressly agree to waive any statute of limitations to the contrary. I understand that if I become an employee of the Village of Minster at any time in the future, this application of employment will become a part of my official employment record. I further acknowledge that the Village of Minster will be relying on the information contained in this application in any hiring decisions and that I am contractually bound by the terms contained herein.

Signature of Applicant _____ **Date** _____

**PARENT OR GUARDIAN CONSENT FORM
FOR MINOR AGE APPLICANTS ONLY**

Full Name of Minor

First	Last	Middle Initial
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Proof of Age (Minor must present a copy of proof of age that can be kept with personnel records).
Type of Document:

Address of Minor

Street	City, State	ZIP
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Date of Birth	Age	School District in Which Minor Lives
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School Minor Attends

Name of Parent or Guardian	Relationship to Minor
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Address of Parent or Guardian	Telephone Number
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Street	City, State	ZIP
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I hereby certify that to the best of my knowledge and belief, the above statements are true and that the minor named above may work with my approval.

Signature of Parent or Guardian	Date Signed
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Minors aged sixteen or seventeen who are to be employed during summer vacation months after the last day of the school term in the spring and before the first day of the school term in the fall, in nonagricultural and nonhazardous employment as defined by the "Fair Labor Standards Act of 1938", 52 Stat. 1060.29 U.S.C.A. 201, and similar state statutes, or in other employment not prohibited to minors age sixteen or seventeen by law, shall not be required to provide an age and schooling certificate as a condition of employment. In order to be hired for employment during summer vacation months, such minors shall provide the employer with the following:

- (1) Evidence of proof of age in the same manner as proof of age is provided the superintendent of schools under division C of section 3331.02 of the Revised Code.

- (2) A statement signed by the minor's parent or guardian consenting to the proposed employment during the summer vacation months. For the purpose of this section, in the absence of a parent or guardian a person over eighteen years of age with whom the minor resides may sign such statement.

The employer shall retain a copy of the proof of age and the statement of consent with the minors employment records.

VOLUNTARY FORM ONLY

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations , including affirmative action responsibilities when they apply.

Government contractors are subject to 39 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

Solely to help us comply with government record keeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. Your cooperation is voluntary.

Please Print _____ Date _____

Position(s) Applied for: _____

Referral Source: Advertisement Friend/Relative Walk-in
 Employment Agency Website Other

Name: _____ Phone() _____

Address: _____

Voluntary Survey

Government agencies at times requires periodic reports on the sex, ethnically, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only. Submission of information is voluntary.

Check one: Male Female

Circle one of the following: White Black/African American Hispanic
 Asian/Pacific Islander American Indian/Alaskan Native
 Two or More Races – All persons who identify with more than one of the above five races.

Check if the following is applicable:

Veteran - As defined under one or more of the following:

- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
- was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
- who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
- one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).