



**APPLICATION FOR EMPLOYMENT**



*Village of Fort Recovery*

201 South Main Street, P.O. Box 340, Fort Recovery, Ohio 45846

Phone: (419) 375-2530

Fax: (419) 375-4709

www.fortrecovery.org

**PLEASE TYPE OR PRINT IN INK**

NAME (Last, First, Middle Initial)		DATE OF BIRTH
ADDRESS (Street, City, State, ZIP Code)		
HOME PHONE	CELL PHONE	EMAIL ADDRESS
DRIVER'S LICENSE NUMBER	STATE	CLASS
		LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PREFERENCES</b>		
ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MAYBE		PREFERRED SALARY
TYPES OF WORK YOU WILL ACCEPT? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY/SEASONAL		DATE AVAILABLE TO BEGIN WORKING
<b>EDUCATION</b>		
HIGH SCHOOL NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DID YOU OBTAIN A GED? <input type="checkbox"/> YES <input type="checkbox"/> NO
COLLEGE/UNIVERSITY NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAJOR	DEGREE RECEIVED	IF NO, NUMBER OF CREDIT HOURS OBTAINED

*This institution is an equal opportunity provider and employer.*

COLLEGE/UNIVERSITY NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NUMBER OF CREDIT HOURS OBTAINED
MAJOR	DEGREE RECEIVED	
COLLEGE/UNIVERSITY NAME	LOCATION (City, State)	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, NUMBER OF CREDIT HOURS OBTAINED
MAJOR	DEGREE RECEIVED	

**EMPLOYMENT HISTORY**

Please list your work experience beginning with your most recent employment. Military experience should be included. If you need additional space, please attach sheets as needed. You may submit a résumé in lieu of completing this section.

EMPLOYER	DATES	POSITION/TITLE
ADDRESS (Street, City, ZIP Code)		
SUPERVISOR	PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES PERFORMED		
REASON FOR LEAVING		
EMPLOYER	DATES	POSITION/TITLE
ADDRESS (Street, City, ZIP Code)		
SUPERVISOR	PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES PERFORMED		
REASON FOR LEAVING		

*This institution is an equal opportunity provider and employer.*

EMPLOYER	DATES	POSITION/TITLE
ADDRESS (Street, City, ZIP Code)		
SUPERVISOR	PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES PERFORMED		
REASON FOR LEAVING		
EMPLOYER	DATES	POSITION/TITLE
ADDRESS (Street, City, ZIP Code)		
SUPERVISOR	PHONE NUMBER	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES PERFORMED		
REASON FOR LEAVING		
<b>REFERENCES</b>		
Provide three references who are not related to you, who are not/were not your supervisor, and who you have known for at least one year.		
NAME	PHONE NUMBER	YEARS KNOWN
NAME	PHONE NUMBER	YEARS KNOWN
NAME	PHONE NUMBER	YEARS KNOWN

*This institution is an equal opportunity provider and employer.*

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you for the position for which you are applying.

**CERTIFICATION**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

*This institution is an equal opportunity provider and employer.*