

American Municipal Utilities



Your Community Utility Partner

VILLAGE OF WAYNESFIELD  
300 NORTH WESTMINSTER ST.  
P.O. BOX 128  
Waynesfield, OH 45896  
Office: (419) 568-4991  
Fax: (419) 568-6685



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# VILLAGE OF WAYNESFIELD EMPLOYMENT APPLICATION

This application is to be completed only by the applicant in his or her own handwriting. Any applicant who fails to provide the required information or appropriate documentation may be disqualified. Any applicant who makes false or misleading statements will be disqualified.

All applicants must provide the following documentation when submitting this application. Any documentation that is not included with the personal history package may result in disqualification of the application. Please review your application package thoroughly prior to submission to ensure that all required documents have been included. Once the package has been validated at the time of the submission, applicants will be required to provide a copy of the driver's license, which shall be attached to the application package.

The following must be provided with the application package (if applicable):

1. Copy of Birth Certificate
2. Copy of any high school diploma
3. Copy of any college diplomas
4. Copy of any G.E.D. diploma
5. All pertinent certifications/licenses applicable to the position.

Note: Once this application has been submitted, the applicant **may** be subject to the following to determine suitability for the position:

1. Neighborhood Check
2. Educational Records Check
3. Credit Bureau Check
4. Criminal/Civil Records Check
5. Bureau of Motor Vehicles Check (including verification of insurance)
6. Medical Records Check
7. Comprehensive Background Investigation
8. Polygraph Examination
9. Psychological Examination
10. Medical Examination
11. Drug Screen
12. Physical Assessment Testing
13. Oral Interview

Name \_\_\_\_\_  
Last First MI

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ Place of Birth \_\_\_\_\_

U.S. Citizen Yes No

**LIST ALL PLACES OF RESIDENCE FOR THE LAST TEN (10) YEARS**

1. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

2. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

3. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

4. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

5. Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

LIST ALL EMPLOYERS FOR THE LAST TEN (10) YEARS

1. From \_\_\_\_\_ Employer \_\_\_\_\_  
To \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Position/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

2. From \_\_\_\_\_ Employer \_\_\_\_\_  
To \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Position/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

3. From \_\_\_\_\_ Employer \_\_\_\_\_  
To \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Position/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

4. From \_\_\_\_\_ Employer \_\_\_\_\_  
To \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Position/Title \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Graduation Date \_\_\_\_\_ Course of Study \_\_\_\_\_

Vocational School \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Graduation Date \_\_\_\_\_ Course of Study \_\_\_\_\_

College \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Graduation Date \_\_\_\_\_ Course of Study \_\_\_\_\_

**TRAFFIC RECORD**

Operator License # \_\_\_\_\_

Issuing State \_\_\_\_\_

List all traffic offenses for the last five (5) years.

<u>Date</u>	<u>Location</u>	<u>Violation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CRIMINAL HISTORY**

Have you been convicted of a criminal offense, excluding traffic violations? YES NO

<u>Date</u>	<u>Arresting Agency</u>	<u>Offense</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide details to any questions answered with a "YES" response. (Attach extra page if necessary)

\_\_\_\_\_

## REFERENCES

List the names and addresses of at least three (3) individuals who may be contacted regarding your character and personal history who are not family related.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Years Known \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Years Known \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_

Years Known \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the **VILLAGE OF WAYNESFIELD**. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history to be disclosed to the above department. I hereby authorize any representative of the **VILLAGE OF WAYNESFIELD** bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the **VILLAGE OF WAYNESFIELD**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the **VILLAGE OF WAYNESFIELD** to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **VILLAGE OF WAYNESFIELD** regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested. For an in consideration of the **VILLAGE OF WAYNESFIELD** acceptance and processing of my application for employment, I agree to hold the **VILLAGE OF WAYNESFIELD**, its agents, and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the **VILLAGE OF WAYNESFIELD**. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United State Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the **VILLAGE OF WAYNESFIELD** in conjunction with employment procedures. A photocopy or FAX copy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This waiver is valid for a period of two (2) years from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant Name \_\_\_\_\_ Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN: \_\_\_\_\_

STATE OF OHIO, \_\_\_\_\_ COUNTY, SS:

I, \_\_\_\_\_, do solemnly swear that the information provided in this application is true and correct and answered to the best of my ability.

\_\_\_\_\_  
Signature

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF OHIO