



Village Of Lexington
 44 West Main Street
 Lexington, Ohio 44904

APPLICATION FOR EMPLOYMENT
 419-884-0765

The Village of Lexington is an **Equal Opportunity Employer**. We consider applicants for all positions without regard to race color, religion, sex, national origin, age, marital or veteran status, of the presence of a non-job-related medical condition or handicap. The Village of Lexington is a drug-free workplace.

Please Print

DATE OF APPLICATION _____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

- ADVERTISEMENT FRIEND WALK-IN RELATIVE
 EMPLOYMENT AGENCY OTHER _____

NAME _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS _____
 (NUMBER) (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE _____ SOCIAL SECURITY NUMBER _____

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Have you filed an application with the Village of Lexington before? Yes No
 If yes, give date _____

Have you ever been employed with the Village of Lexington before? Yes No
 If yes, give date _____

Are you currently employed? Yes No
 May we contact your current employer? Yes No

Are you prevented from legal employment within the United States because of VISA or immigration condition? Yes No
{Proof of citizenship or immigration status is required upon employment}

Date available to work? _____

Work availability Full Time Part Time Shift Work Temporary

Are you currently laid-off or subject to recall? Yes No

Can you travel if required?

Yes No

Have you been convicted of a felony?

Yes No

If yes, please explain _____

EDUCATION

Name & Address of School

Years Completed

Diploma/Degree

Elementary _____

High School _____

College _____

Graduate/Professional _____

Other _____

FOREIGN LANGUAGES

Fluent

Good

Fair

Speak _____

Read _____

Write _____

Veteran of the U.S. Military Service?

Yes No

If yes, Branch _____

List professional, trade, business, or civic activities and offices held. You may exclude those which indicate race, color, religion, sex, or national origin. _____

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Special employment notice to disabled veterans, Vietnam era veterans, and individuals with physical or mental handicaps.

Government contractors are subject to 38USC 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 the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration of employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from previous employment or other experience.

ADDITIONAL INFORMATION

State other information you feel may be helpful to us in considering your application.

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. I understand that this application is not and is not intended to be a contract of employment. 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 that I am required to abide by all rules and regulations of the Village of Lexington.

Signature of Applicant _____ **Date** _____

Arrange interview Yes No

For Personnel Use Only
Remarks _____

EMPLOYMENT EXPERIENCE

Employer _____ Dates Employed _____ to _____
Address _____ Job Title _____
Supervisor _____ Hr. Rate/Salary _____
Reason for Leaving _____ Work Performed _____

Employer _____ Dates Employed _____ to _____
Address _____ Job Title _____
Supervisor _____ Hr. Rate/Salary _____
Reason for Leaving _____ Work Performed _____

Employer _____ Dates Employed _____ to _____
Address _____ Job Title _____
Supervisor _____ Hr. Rate/Salary _____
Reason for Leaving _____ Work Performed _____

Employer _____ Dates Employed _____ to _____
Address _____ Job Title _____
Supervisor _____ Hr. Rate/Salary _____
Reason for Leaving _____ Work Performed _____

If you need additional space, please continue on a separate sheet of paper.

Village of Lexington, Ohio
Release for Background Check

I, _____ presently residing at _____

have bid to enter into a contract for _____
with the Village of Lexington and am advised and fully aware that a representative of the Lexington Police Department will be conducting a thorough investigation of my background to assist in determining my suitability for this contract. I realize, that in conducting this background investigation, officers will be making inquiries of school officials and school records at schools I have attended, police or courts with whom I may have an arrest or conviction record, credit bureau and/or firms who may have information regarding my credit record and/or financial standing, present and previous employers, and any other person(s) who may be able to provide information of which the Village of Lexington may desire.

I hereby give my permission and waive all provisions of law forbidding any school official, court, police agency, credit bureau, employer, United States Armed Forces, firm or person, from disclosing any knowledge of information they have concerning me which is requested or desired by the Lexington Police Department, or it's representative by providing them with a copy of any such record concerning me they may desire.

I expect the Lexington Police Department to treat, at their discretion, certain sources as confidential, and it's right to withhold from me or my agent the names of such confidential sources, and information obtained therefore.

DATE: _____

Print full name of applicant:

SSN: _____

DOB: _____

STATE OF: _____

COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

My commission expires: _____

(seal)

Notary Public

AUTHORIZATION FOR PRIOR EMPLOYER TO RELEASE INFORMATION

(Please read the following statements, sign below, and return to the Village of Lexington.)

I, _____, hereby authorize any investigator or duly accredited representative of the **Village of Lexington** bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the **Village of Lexington** and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind of nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicants Signature

Date