

363 East Main Street P.O. Box 232 Enon, OH 45323 Office: (937) 864-7870 Fax: (937) 864-5644

Pre-Employment Application

An Equal Opportunity Employer: Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, or disability

PERSONAL INFORMATION

Name:	SS#:
Last First	Middle
Address:	
Mailing Address Zip Code	City State
Home Telephone: ()	Other Telephone: ()
Have you ever been employed by the Village of Enon? If yes, please provide dates previously worked and posi	□ Yes □ No tion(s) held:
Have you ever been convicted of a crime, felony or mis If yes, please provide date, place, and charge:	demeanor?
JOB INTEREST	
JOB INTEREST Position of Interest:	
Position of Interest:	proximate Date of Availability:
Position of Interest:	
Position of Interest:	
Position of Interest: Ap	proximate Date of Availability:

Name & Location of School	Degree	Area of Study
	Graduate: □ Yes □ No or G.E.D.: □ Yes □ No	
	Dates Attended (Mo./Yr. To Mo./Yr. Degree:):
	Dates Attended (Mo./Yr. To Mo./Yr. Degree:):
olled in an educational program	? Yes No If yes, what is your	main course of study and
FICATIONS, REGISTRATIC	DNS	
Driver's License	umber a valid Commercial Driver's Lic	cense
al Licenses and Registrations		
State	Number	
ICE		
Armed Forces: Yes	No If yes, what branch?	
om: to	Rank:	
on:		
	of School Iled in an educational program TCATIONS, REGISTRATIC Driver's License please list state and pleas	of School Degree Graduate: Yes No or G.E.D.: Yes No Dates Attended (Mo./Yr. To Mo./Yr. Degree: Dates Attended (Mo./Yr. To Mo./Yr. Degree: Dates Attended (Mo./Yr. To Mo./Yr. Degree: Illed in an educational program? Yes No If yes, what is your g? Yes No TCATIONS, REGISTRATIONS a valid Commercial Driver's License please list state and number al Licenses and Registrations

AWARDS, HONORS, ACHIEVEMENTS, INTERESTS

Please list any awards, honors, achievements, volunteer or community services activities, special interests, hobbies, or any organizations of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

TRAINING AND OTHER QUALIFICATIONS

Please list any training you feel is relevant to the position for which you are applying:

Subject Area of Training	Organization Providing Training	Year Training Received

Please use this area to briefly describe any additional information or special qualifications you have for the position for which you are applying. Please be sure to include any special machinery, office equipment, software, tools, vehicles, or other job-related items.

EXPERIENCE

List your work experience starting with your current/most recent employer. Please include all employment whether fulltime, part-time, seasonal, or temporary during the past ten years. You may include additional experience beyond the past ten years if you desire and you are encouraged to do so if it is related to the employment you are seeking. You may attach additional pages, if necessary. Please not use a resume as a substitute for completing this section; however, you may attach a resume to supplement the information contained within this employment application.

Current/Most Recent Employer:		
Address:		
Mailing Address Zip Code	City	State
Supervisor's Name:	Phone Number:())
Position Held:	Salary:	
Dates of Employment: to Seasonal/Temporary	Type of Employment: \Box Full-Time \Box	Part-Time
Description of duties and responsibilities:		
Reason for Leaving:		

The Village of Enon may contact former employers. If you prefer that we do not contact your present employer until such time as a conditional offer of employment is made, please check this block:

EXPERIENCE (continued) Previous Employer:		
Address:		
Mailing Address Zip Code	City	State
Supervisor's Name:	Phone Number:()	
Position Held:	Salary:	
Dates of Employment: to Type of Employment: D Full-Time D Part-Time S	Seasonal/Temporary	
Description of duties and responsibilities:		
Reason for Leaving:		
EXPER	RIENCE (continued)	
Previous Employer:		
Address:		
Mailing Address Zip Code	City	State
Supervisor's Name:	Phone Number:()	
Position Held:	Salary:	
Dates of Employment: to Type of Employment: D Full-Time D Part-Time D S	Seasonal/Temporary	
Description of duties and responsibilities:		
Reason for Leaving:		

REFERENCES

Please list three individuals, other than relatives, whom we may contact as references regarding your character, ability, or experience.

Name	Home Phone Number (with area code)	Work Phone Number (with area code)	Type of Reference (personal, professional, educational, etc.)

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the Village of Enon may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature:

Date: