

# Village of Fairport Harbor

220 Third Street  
Fairport Harbor, Ohio 44077

## APPLICATION FOR EMPLOYMENT

Please submit one application per position to the address indicated on the job posting. Copies are acceptable. Applications lacking sufficient information will be rejected. It is your responsibility to assure that your application is received or postmarked by the closing date, as required by the Village. Please be sure to fill out all pages of this form. Also please note that this completed form will become a public record when submitted to the Village of Fairport Harbor.

Job Title: \_\_\_\_\_ Deadline Date: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: ( \_\_\_\_ ) \_\_\_\_\_ Work phone: ( \_\_\_\_ ) \_\_\_\_\_ Social Security #: \_\_\_\_\_

The following information will be used only if it is directly related to the position for which you are applying:

1. Are you willing and able to secure an Ohio Driver's License/CDL, if a license is required? Yes: \_\_\_\_\_ No: \_\_\_\_\_
2. If the position requires travel, can you supply your own transportation? Yes: \_\_\_\_\_ No: \_\_\_\_\_
3. Have you ever been employed by the Village of Fairport Harbor before? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, when and in what position(s): \_\_\_\_\_

4. Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

A felony conviction may not automatically exclude you from consideration. If you answered Yes, please explain fully:

### LICENSES, REGISTRATIONS, AND CERTIFICATES

License/Certification Issued by	Field/Trade/Specialization	License/Certification Number	Expires

### SOCIAL SECURITY NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

## SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position specific qualifications posted for this position. Be sure to provide details of your background in the next section of this application.

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## EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section.

Employer: _____ Phone: ( ____ ) _____ Address: _____ City: _____ State: ____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____ _____ _____ _____	From: ____/____/____ <small style="display: block; text-align: center;">Month Day Year</small> To: ____/____/____ <small style="display: block; text-align: center;">Month Day Year</small> Salary: _____ Supervisor's Name and Title: _____ _____ _____
Employer: _____ Phone: ( ____ ) _____ Address: _____ City: _____ State: ____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____ _____ _____ _____	From: ____/____/____ <small style="display: block; text-align: center;">Month Day Year</small> To: ____/____/____ <small style="display: block; text-align: center;">Month Day Year</small> Salary: _____ Supervisor's Name and Title: _____ _____ _____
Employer: _____ Phone: ( ____ ) _____ Address: _____ City: _____ State: ____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____ _____ _____ _____	From: ____/____/____ <small style="display: block; text-align: center;">Month Day Year</small> To: ____/____/____ <small style="display: block; text-align: center;">Month Day Year</small> Salary: _____ Supervisor's Name and Title: _____ _____ _____

Employer: _____ Phone: ( ____ ) _____ Address: _____ City: _____ State: ____ Zip: _____ Job Title: _____ Job Duties: _____ Reason for Leaving: _____ _____ _____ _____	From: ____/____/____ Month Day Year To: ____/____/____ Month Day Year Salary: _____ Supervisor's Name and Title: _____ _____ _____
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**EDUCATION**

High School Graduate? Yes \_\_\_\_\_ No \_\_\_\_\_ Name and Location of High School (City, State, Zip) \_\_\_\_\_

GED Certificate Number: \_\_\_\_\_ GED Issued By: \_\_\_\_\_

**Post-High School Education**

Include technical school, business school, professional school, college and university.

School Name and Location	Major Area(s) of Study	Type of Degree or Certification

Please list below the specific course work areas at high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: a transcript may not be substituted for this section, although you may be required to submit a transcript.

Course Work Area	No. of Courses	Course Work Area	No. of Courses

**Training and Other Qualifications**

(Do not include course work already described above.)

Subject or Title of Training	Organization	Length of Training

List special equipment or machines you can operate: \_\_\_\_\_

\_\_\_\_\_

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: \_\_\_\_\_

\_\_\_\_\_

List special clerical skills, including typing and shorthand: \_\_\_\_\_

\_\_\_\_\_

Typing Speed: \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

\_\_\_\_\_

### **Certification**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Village and/or the department that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **For Official Use Only**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_