

VILLAGE OF HEBRON

Employment Application



Return completed form to:
Village of Hebron
934 West Main Street
Hebron, Ohio 43025

APPLICANT INFORMATION (PLEASE PRINT)

Last Name		First		M.I.		Date	
Address						Apartment/Unit #	
City			State			ZIP	
Phone			E-mail Address				
Desired Position			Date Avail			Desired Salary	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the Village of Hebron?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Do you have a valid Ohio Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Commercial Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Drivers License Number	

PREVIOUS EMPLOYMENT

Account for *all time* for the past ten (10) years, including periods of unemployment. You MUST indicate the name used if it is different than the signature on this application. Begin with your present position or occupation. It will become an official part of this application.

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact this employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact this employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Company					Phone				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact this employer?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
(IF YOU NEED MORE ROOM, PLEASE USE A SEPARATE SHEET OF PAPER)									
EDUCATION									
High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diploma/Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Area of Study:									
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Area of Study:									
(IF YOU NEED MORE ROOM, PLEASE USE A SEPARATE SHEET OF PAPER)									
MILITARY SERVICE									
Branch					From		To		
Rank at Discharge					Type of Discharge				
If other than honorable, explain									
Job-related training:									
SPECIAL LICENSES									
Current special licenses/endorsements/certifications									
Please list any additional knowledge, skills, specialized training, and abilities not previously discussed which may be of a qualifying nature or helpful to you in establishing your eligibility. Include any projects, hobbies, community or volunteer activities, offices held, etc.									

PROFESSIONAL REFERENCES*Please list three professional references*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PERSONAL REFERENCES*Please list three personal references, excluding family members*

Full Name		Phone	
Relationship/ Years Acquainted		email	
Address			
Full Name		Phone	
Relationship/ Years Acquainted		email	
Address			
Full Name		Phone	
Relationship/ Years Acquainted		email	
Address			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all information contained in this application for employment. The Village of Hebron conducts extensive background investigations to include but may not be limited to criminal, personal, financial, and employment history. I understand that false or misleading information on my application or interview may result in my release. The Village of Hebron has the right to accept or reject any and all applications based on information acquired from background information.

Signature		Date	
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An Equal Opportunity / Affirmative Action Employer



NOTIFICATION OF INTENT TO PERFORM A CRIMINAL RECORDS CHECK

Pursuant to Sections 737.221 & 4765.301 of the Ohio Revised Code (ORC), I, _____, attest that I was notified and fully understand the following: (Print Name)

Initials

_____ That, should I be considered for employment, it is the intent of the Village of Hebron, Division of Fire/EMS to request that a criminal records background check be performed on me by the Superintendent of the Ohio Bureau of Criminal Identification or Investigation (BCII).

_____ That I will be required to provide a set of impressions of my fingerprints.

_____ That the Fire Chief requires that my results of said check be completed satisfactorily, in accordance with Section 109.578 of the Ohio Revised Code, in order for me to remain eligible for employment.

_____ That if a criminal records check is requested of me, Pursuant to ORC 109.578, I will be assessed a fee for all costs incurred in obtaining the criminal records check, not to exceed \$50.00. I further understand that by failing to reimburse the Village of Hebron for said costs before the deadline provided to me by the Fire Chief, or his/her designee, I may become ineligible for employment.

I certify that all answers and statements outlined above are true, complete and, correct to the best of my knowledge. I understand that a false answer shall be grounds for dismissal from the employment of the Village of Hebron, Ohio and that I may also be considered in violation of ORC 2921.13.

(Applicant's Signature) (Date)

(Witness's Name – Print First, MI, Last)

(Witness' Signature) (Date)



Employment Screening Services

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Hebron Fire Department requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a release and verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for disciplinary action, up to and including dismissal.

This release and authorization acknowledges that the Village of Hebron may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, criminal history, and/or motor vehicle records. In addition, the Village of Hebron may contact personal/professional references, known associates, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements

I authorize PeopleFacts Employment Screening Services and any other third-party service authorized by, and at the request of, the Village of Hebron, and any of their agents and/or employees, to disclose verbally and in writing the results of this verification process to the designated authorized representatives of the Village of Hebron. The results will be used to determine employment eligibility under the Village of Hebron's employment policies.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Services with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Village of Hebron, its agent(s), PeopleFacts Employment Screening Services, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

(Applicant's Name, Printed - Last, First, Middle) (Maiden Or Other Name(s) Used)

(Current Address - Street, City, State, Zip) (How Long)

(Previous Address - City, State, Zip) (How Long)

(Previous Address - City, State, Zip) (How Long)

(Social Security Number) (Date of Birth - for confirmation of ID only)

(Name - exactly as it appears on Driver's License) (Driver's License Number) (State)

[] Yes [] No
(Authorization to contact present employer for reference) (Signature) (Date)